

System Sizing Information Sheet



H.E. Anderson
COMPANY
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Customer Information

Facility Name:		Phone:
Street Address:		Email:
City:		Completed By:
State:	Zip:	Date:

Irrigation System Information

Facility type	<input type="checkbox"/> Greenhouse <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Research
Crop type	
Maximum flow rate (across every zone or use case)	gallons/minute
Minimum flow rate (across every zone or use case)	gallons/minute
Water line pressure (max. and min. if inconsistent)	pounds/in ²
Water line size (at installation location)	
Water source	<input type="checkbox"/> Municipal <input type="checkbox"/> RO <input type="checkbox"/> Well <input type="checkbox"/> Pond <input type="checkbox"/> Other _____
Preferred pumper manifold power source	<input type="checkbox"/> Water Line <input type="checkbox"/> Compressed Air

Input Feed Information

Type of inputs	<input type="checkbox"/> Organic Nutrients <input type="checkbox"/> Synthetic Nutrients <input type="checkbox"/> pH Up Correction <input type="checkbox"/> pH Down Correction <input type="checkbox"/> Sanitizer <input type="checkbox"/> Silica <input type="checkbox"/> Other _____
Brand of nutrients if known	
Total number of inputs	
Total number of recipes	
Preferred chemical for pH correction	
Preferred chemical for sanitizer	

Source Water Test Information (if available not required for RO water)

Untreated Water pH:	Target pH:
Untreated Water Alkalinity:	Alkalinity Units:
Untreated Water EC:	

