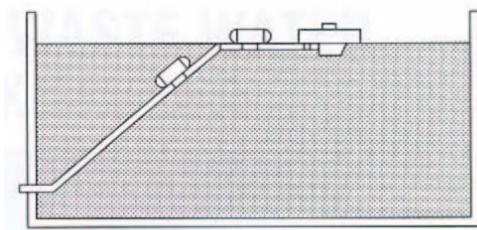
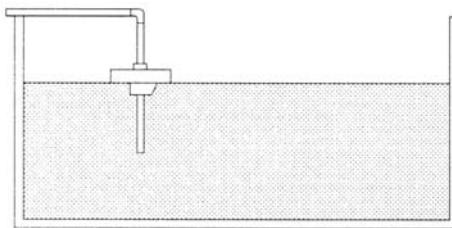


# skim-pak Application Worksheet

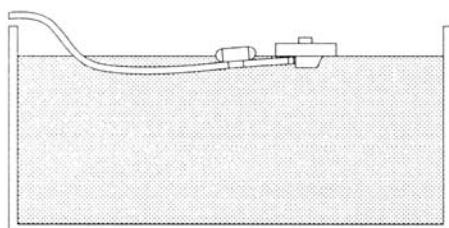
Indicate most probable deployment



SWING ARM DEPLOYMENT



EXTENDED SUMP DEPLOYMENT



HOSE DEPLOYMENT

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Application Name or Reference Number

---

Site Location

---

Name Date

---

Company

---

Phone Number

---

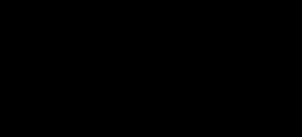
Fax Number

---

E-Mail Address

---

**Thank You!**



2008 National Ave.  
Hayward, CA 94545  
Phone: 831-920-1470  
Fax: 831-855-0200  
E-Mail: dhoover@skimpak.com

Fax Back Application to 831-855-0200 or  
E-Mail to [dhoover@skimpak.com](mailto:dhoover@skimpak.com)

■ Tank/Sump Size

H \_\_\_\_\_ D \_\_\_\_\_

H \_\_\_\_\_ W \_\_\_\_\_ L \_\_\_\_\_

Open Top  Closed Top

■ Above or Below Grade

Above  Below

■ Access

Opening Size \_\_\_\_\_ Location \_\_\_\_\_

■ Liquid Level Change

High \_\_\_\_\_

Low \_\_\_\_\_

Normal \_\_\_\_\_

■ Desired Skimmer Capacity \_\_\_\_\_

■ Product To Be Removed:

---

■ Can Water Be Included With Skimmed Product?  Yes  No

■ Describe Debris \_\_\_\_\_  None

■ Is Pump Required?

Yes  No  On Hand

Describe the pump to be used \_\_\_\_\_

Air  Electric: Voltage \_\_\_\_\_ Phase \_\_\_\_\_

■ Is a Separator Required?

Yes  No  On Hand

■ What Type of Separator Will Be Used?

Coalescing  Gravity gpm's \_\_\_\_\_

■ Are Controls Required?  Yes  No

Please describe intended operation: \_\_\_\_\_

**Please Describe Application Below:**

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