

Installer: \_\_\_\_\_ Pick Up  or Delivery  Preferred Date: \_\_\_\_\_

Ship To: \_\_\_\_\_






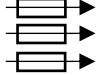

Homeowner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Biofilter Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**System Information:** Please select/circle Waterloo Biofilter treatment unit configuration below

<b>Waterloo Shed</b> 	<b>Waterloo Baskets</b> 	<b>Flat Bed</b> Series (Standard) 	<b>Waterloo HDPE Tank</b> 
	Precaster: _____  Tank Model: _____	<p style="text-align: center;">Please select Flat Bed upgrade (if applicable)</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>2 Parallel (+\$90)</p>  </div> <div style="text-align: center;"> <p>3 Parallel (+\$180)</p>  </div> <div style="text-align: center;"> <p>Centre Dosed (+\$50)</p>  </div> </div>	
Design Flow = _____ L/day		Biofilter Package Price: \$ _____	
<b>System Component:</b>	<b>Component Supplied by:</b>		<b>Price:</b>
<b>Anaerobic Digester w/ Internal Pump Chamber</b> Additional Riser: _____ <i>16" of riser supplied</i>	<input type="checkbox"/> Waterloo		\$ _____
	<input type="checkbox"/> Precaster Tank: _____		\$315
<b>Or:</b>			
<b>Anaerobic Digester</b> Additional Riser: _____ <i>20" of riser supplied</i>	<input type="checkbox"/> Waterloo		\$ _____
	<input type="checkbox"/> Precaster Tank: _____		n/a
<b>Pump Tank</b> Additional Riser: _____ <i>20" of riser supplied</i>	<input type="checkbox"/> Waterloo		\$ _____
	<input type="checkbox"/> Precaster Tank: _____		n/a
<b>System Upgrades:</b>			
<input type="checkbox"/> <b>Shallow Buried Trench</b>	SBT ( <i>electrical/plumbing upgrade mandatory</i> )		\$992
	<input type="checkbox"/> Waterloo: Length (m): _____ # of Ports: _____		\$ _____
<input type="checkbox"/> Geofabric			\$ _____
<input type="checkbox"/> Waterloo Smart Panel			\$ _____
<input type="checkbox"/> Pump Extended Warranty			\$ _____
<input type="checkbox"/> Other: _____			\$ _____
<input type="checkbox"/> <b>Design, Permit Application, and Approval Attached</b>		<b>TOTAL:</b>	<b>\$ _____</b>

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Reference PO #: \_\_\_\_\_