

# CARBOLUX QUESTIONNAIRE



Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Chemical Formula: \_\_\_\_\_

Composition g/l: \_\_\_\_\_

Working Hours/Week: \_\_\_\_\_

Ampere Hour/Day: \_\_\_\_\_

Throughput SQ FT/m<sup>2</sup> Day: \_\_\_\_\_

Temperature: \_\_\_\_\_

Carbonate Levels: \_\_\_\_\_

Quantity of Baths: \_\_\_\_\_

Volume of Bath GAL/m<sup>3</sup>: \_\_\_\_\_

Desired Carbonate Levels: \_\_\_\_\_

Barrel or Rack system: \_\_\_\_\_

Drag-out/Day: \_\_\_\_\_

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