

NEW SYSTEM Q	UIFSTIONAIRE

Company Name:	
Contact Name:	
Address:	
City/ State/ Province/ Zip/ Country	
Email address:	
Phone # Alt. Phone #	
Species of fish?	
Total production per year?	
Is this an indoor or outdoor operation?	
Total number of Tanks/ Ponds/ Raceways?	
Number of feed points per Tank/ Pond/ Raceway?	
Overall tank/ pond dimensions?	
Is the subdrain located in the center or on the side of the tank?	
Distance from the location of the centralized system to the furthest tank? ft./m	
Number of pellet sizes fed per day?	
Maximum fed per day per feed size?	
Desired Kg per feeding Minimum Maximum	
Number of feedings per day per tank?	
Highest and lowest amount fed per meal?	
Maximum amount fed per pellet size?	
Number of days of storage required per feed size (Kg)?	
Are the pipes installed overhead or on the floor?	
If overhead, please provide the maximum vertical altitude.	

Please email completed form to: sales@transvac.com

