

QUESTIONNAIRE

FOR DEEP SLUICE GATE SELECTION

Company Legal name _____

Address _____

Responsible person full name _____ Position _____

Tel _____ Fax _____

1. Required quantity pcs.

2. Operating medium:

☐ Wastewater ☐ Natural water

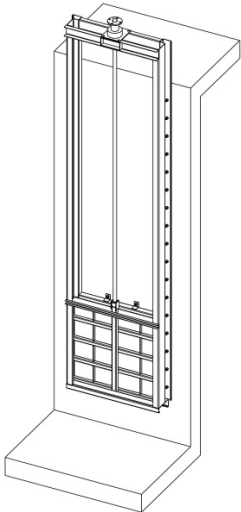
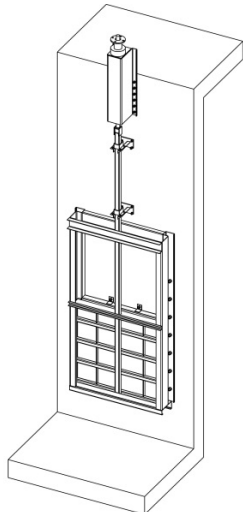
☐ Other.....

3. Material:

☐ AISI 304 ☐ AISI 321 ☐ AISI 316L

☐ Other

4. Sluice gate frame type:

<input type="checkbox"/>  <p><i>Solid frame</i></p>	<input type="checkbox"/>  <p><i>With remote control column</i></p>
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5. Reservoir wall material, to which the sluice gate is to be assembled:

☐ Mass concrete ☐ Precast concrete ☐ Steel

6. Sealing direction:

☐ Unidirectional ☐ Bidirectional

7. Actuator:

☐ Handwheel ☐ Manual gear ☐ Electric drive

8. Control system (only for electric actuator):

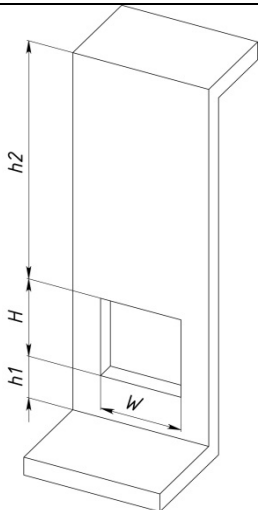
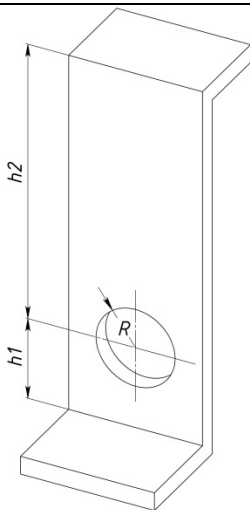
☐ No ☐ Open/Close ☐ Adjustment

9. Minimum ambient temperature in the sluice gate installation place:

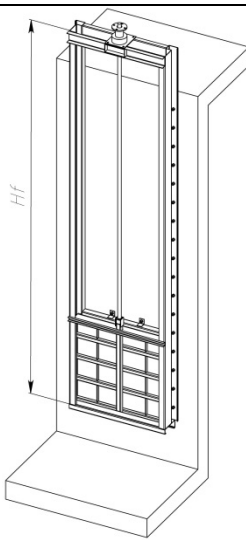
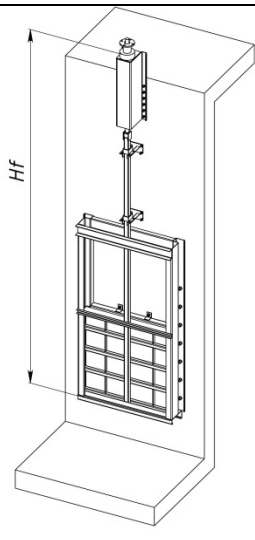
☐ >0 (indoor) ☐ -25 ☐ -40

☐ -60

10. Dimensions of the opening to be shut off by the sluice gate:

			
Opening Width (W)	mm	Radius of the shut off pipeline (R)	mm
Opening Height (H)	mm	Opening Height (H)	mm
Distance to overlap (h2)	mm	Distance to overlap (h2)	mm
Distance to bottom (h1)	mm	Distance to bottom (h1)	mm

11. Sluice gate overall dimensions:

			
Sluice gate frame height (Hf)	mm	Distance from the bottom of the sluice gate to the handwheel (Hf)	mm

12. Maximum pressure on the shield:

Operating pressure Meters of water
 Reverse pressure Meters of water

13. Additional information:

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Responsible person Full name _____ (_____ *Signature*)