

# Attenuation Enquiry Form

Client Name:

Company Name:

Address:

Postcode:

Tel:  Fax:

Email:

Site Name:  County:

Peak inflow rate	Litres/sec
Attenuated outflow rate	Litres/sec
Storage volume required	m
Inlet pipework diameter	mm dia.
Ground level at system	m
Invert level of inlet pipe	m
Invert level of outlet pipe	m
Area available for installation	m
Is system under roadway area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what type of traffic/vehicles will have access?	

Water table at installation location	m
Preferred type of flow control device	<input type="checkbox"/> Orifice Plate <input type="checkbox"/> Vortex Flow Control <input type="checkbox"/> Pumps <input type="checkbox"/> Other <input type="checkbox"/> None
Other systems being considered	<input type="checkbox"/> Crate system <input type="checkbox"/> Tank system <input type="checkbox"/> Other
When is system required on site	
Site access for articulated vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Separators required	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any other information:

Post or fax this completed form back to us and we will contact you as soon as possible.  
 If you have any problems do not hesitate to contact us.

**Please complete and return to Owls Hall Ltd.**

**Owls Hall Environmental Limited**  
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