

# Tidflex® Technologies

## TIDFLEX CHECK VALVE DESIGN DATA SHEET



### I. GENERAL INFORMATION

|                          |  |   |
|--------------------------|--|---|
| <b>Job Name:</b>         |  | <input type="checkbox"/> Advertise <input type="checkbox"/> Bid |
| <b>Project Location:</b> |  | Date: _____<br>(mm-dd-yyyy)                                     |

|                          |  |                 |
|--------------------------|--|-----------------|
| <b>Company Name:</b>     |  |                 |
| <b>Customer Contact:</b> |  |                 |
| <b>Email:</b>            |  |                 |
| <b>Address:</b>          |  |                 |
| <b>Town:</b>             |  | <b>County:</b>  |
| <b>Postcode:</b>         |  | <b>Country:</b> |
| <b>Phone:</b>            |  | <b>Fax:</b>     |

|                                     |  |                 |
|-------------------------------------|--|-----------------|
| <b>Consulting Engineering Firm:</b> |  |                 |
| <b>Engineer Contact:</b>            |  |                 |
| <b>Email:</b>                       |  |                 |
| <b>Address:</b>                     |  |                 |
| <b>City:</b>                        |  | <b>County:</b>  |
| <b>Postcode:</b>                    |  | <b>Country:</b> |
| <b>Phone:</b>                       |  | <b>Fax:</b>     |

### II. FLOW CONDITIONS

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Storm Water | <input type="checkbox"/> CSO          |
| <input type="checkbox"/> Sewage      | <input type="checkbox"/> Other: _____ |

|                                 |                                       |
|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Pumped | <input type="checkbox"/> Gravity Flow |
|---------------------------------|---------------------------------------|

|                                  |
|----------------------------------|
| <b>MAXIMUM BACK PRESSURE BP:</b> |
| _____                            |

|                       |
|-----------------------|
| <b>LINE PRESSURE:</b> |
| Minimum: _____        |
| Maximum: _____        |

|                       |
|-----------------------|
| <b>PIPE MATERIAL:</b> |
| _____                 |

|                                     |
|-------------------------------------|
| <b>BOTTOM CLEARANCE:</b>            |
| Distance Beneath Pipe Invert: _____ |



