



AGRI-INJECT

Because irrigation can deliver more than just water.

Agri-Inject.com

Here's what I need my Agri-Inject system to do...

We want to ensure that the Agri-Inject fluid injection system we configure for you does what you need it to do. Please take a few moments to answer these questions. The information you provide will streamline the process of designing the best Agri-Inject system for your specific application.

If you don't know all the answers, no worries. Answer what you can—and we'll work with you to figure out the rest!

Thanks for your interest in Agri-Inject fluid injection systems.

SITE DATA

1. CROP/PLANT TYPE Please indicate the type of crop or plants on which you will be applying.

- | | | |
|--|--|--|
| <input type="checkbox"/> Row crop (corn, soybeans, etc.) | <input type="checkbox"/> Vegetable _____ | <input type="checkbox"/> Commercial/residential turf |
| <input type="checkbox"/> Potatoes | <input type="checkbox"/> Fruit _____ | <input type="checkbox"/> Specialty crop _____ |
| <input type="checkbox"/> Wheat/small grains | <input type="checkbox"/> Golf course turf | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alfalfa/hay | <input type="checkbox"/> Sports field turf | |

2. AREA Please indicate the size range of the area you want to treat in a single application.

- Smallest area _____ acres hectares square feet square meters
 Largest area _____ acres hectares square feet square meters

3. IRRIGATION SYSTEM What type of irrigation system(s) will your Agri-Inject system be connected to?

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Center pivot | <input type="checkbox"/> Drip system | <input type="checkbox"/> Residential/commercial system |
| <input type="checkbox"/> Linear pivot | <input type="checkbox"/> Greenhouse | |
| <input type="checkbox"/> Solid set | <input type="checkbox"/> Golf course | |

4. IRRIGATION CYCLE What are the shortest and longest irrigation cycles (time frames) on the area you intend to treat?

Shortest cycle: _____ hours Longest cycle: _____ hours

5. PIPELINE Please indicate the size of the pipeline into which you will be injecting.

- | | |
|--|---|
| <input type="checkbox"/> Up to 3 inches (Up to 7.62 mm) | <input type="checkbox"/> 10+ to 12 inches (25.5 mm to 30.48 mm) |
| <input type="checkbox"/> 3+ to 6 inches (7.63 to 15.24 mm) | <input type="checkbox"/> Larger than 12 inches (Larger than 30.48 mm) |
| <input type="checkbox"/> 6+ to 10 inches (15.25 mm to 25.4 mm) | |

6. POWER Please indicate the type of electrical power you have available at the fluid injection location.

- | | | |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 12 VDC | <input type="checkbox"/> 110 VAC 1 ph | <input type="checkbox"/> 230/460 VAC 3 ph |
| <input type="checkbox"/> 90-180 VDC | <input type="checkbox"/> 220 VAC 1 ph | <input type="checkbox"/> 575 VAC 3 ph |

Is the power: 50hZ 60hZ If 3-phase, is it generated via rotophase? Yes No

PRODUCT INFORMATION

7. PRODUCT TO BE APPLIED

 What product do you intend to apply with your Agri-Inject system?

PRODUCT TYPE	Is Product Labeled/Approved for Fluid Injection?			PRODUCT TYPE	Is Product Labeled/Approved for Fluid Injection?		
	YES	NO	DON'T KNOW		YES	NO	DON'T KNOW
<input type="checkbox"/> Fertilizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Soil amendments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Insecticides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Water amendments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Herbicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Bioproducts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Fungicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. RATE

 Please indicate the rate of application of the product you intend to apply.

Amount: _____ ounces pints gallons milliliters liters _____
per: acre hectare 1000 sq. ft _____

9. CHARACTERISTICS

 Please indicate any special characteristics of the product(s) you intend to inject. (Mark all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Acidic | <input type="checkbox"/> Suspended solids | <input type="checkbox"/> Subject to regulations concerning handling and storage |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> High temperature | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Extremely thick/viscous | <input type="checkbox"/> Toxic | |

SYSTEM FEATURES

10. TANK

 Do you need an Agri-Inject tank for the product you are injecting?

Yes Capacity: _____ gallons liters No

11. MIXING

 Will the product(s) require mixing? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> No, I will pump it in its concentrated form | <input type="checkbox"/> Yes, I will dilute it with water |
| <input type="checkbox"/> Yes, the product has suspended solids | <input type="checkbox"/> Yes, I mix multiple products together to apply simultaneously |

12. CONTROL SWITCH

 Do you want an On/Off control switch? *(A control switch provides an extra element of safety as well as pump/mixer protection.)*

Yes No

13. CONTAINMENT

 Do you require/desire containment for your system? Yes No Might consider it

14. PORTABILITY

 Please indicate the degree of portability you require for your Agri-Inject system:

- | | |
|---|--|
| <input type="checkbox"/> It will stay in one place throughout the year | <input type="checkbox"/> I will move it from location to location with every application |
| <input type="checkbox"/> I will move it only at the beginning and end of the season | <input type="checkbox"/> Other _____ |

15. ADDITIONAL CONTROL FACTORS

 Please indicate which of the following will have an effect on the injection rate.

	YES	NO	DON'T KNOW		YES	NO	DON'T KNOW
Injection rate needs to be proportional to flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Targeting a specific pH level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subject to good weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Based on the position of the irrigation system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

Any other requests or requirements?

YOUR CONTACT INFORMATION

BEST TIME TO REACH YOU Mornings Afternoons Evenings

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEST PHONE NUMBER _____

EMAIL _____