

Site Survey

Date/...../.....

Company Name	
Site Name & Address	
Contact Name	
Contact Number	

Floor Number	Number of urinals (type?)	Number of cisterns (type?)	Flushes Per day
Totals			

Total number of Urecos required (type?)		Total Number of Water Managers required (type?)	
---	--	---	--

Total number of Bio-balls required (type?)		Total Number of Water Managers required (type?)	
--	--	---	--

Installation requirements	
Notes	