

Chamber order form

Customer _____

Project name _____

Contact person _____

Phone / e-mail _____

NOTES: _____

K1 – utility wastewater; **K2** – rainwater; **D** – drainage water; **OD** – outer diameter;

Connection pipe – fill in this field of the column according to the designations below:

1 – EVOSAN/EVORAIN DN/OD profiled double-wall pipe; **2** – RIGID MULTI / MONO DN/OD smooth-wall pipe;

3 – GIGAPIPE DN/ID profiled double-wall pipe; **4** – _____

Example: If adding EVOSAN/EVORAIN profiled double-wall pipe to the chamber, then write number 1 in the appropriate field, etc.

Chamber No			Inlet / Outlet	Connection pipe	Connection OD, [mm]	Height from flow channel, [m]	Connection angle, [°]
Type	Amount, [pcs]						
			1				
			2				
K1	K2	D	3				
			4				
Chamber diameter, [mm]			5				
			6				
			7				
Total chamber height, m:			Sediment trap height:		standard	<input type="checkbox"/>	____[m]
Total gullie height, m:			Telescopic pipe length:		standard	<input type="checkbox"/>	____[m]
With telescopic pipe			Closed cover 40t		Without cover		<input type="checkbox"/>
Without telescopic pipe			Cover with grate 40t		With siphon		<input type="checkbox"/>

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