

## 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.

### CONTACT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

### SITE DATA

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

Row crop (corn, soybeans, etc.)   
  Alfalfa/hay   
  Golf course turf   
  Specialty crop  
 Potatoes   
  Vegetable   
  Sports field turf   
  Other  
 Wheat/small grains   
  Fruit   
  Commercial/residential turf

**2 AREA** *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 TYPE** *What type of irrigation system will your Agri-Inject system be connected to?*

Center pivot (Full Circle)   
  Corner Pivot (Partial Circle)   
  Drip system   
  Residential/commercial system  
 Center Pivot (Partial Circle)   
  Corner Pivot (Full Circle)   
  Greenhouse   
  Other  
 Linear/Lateral   
  Solid set   
  Golf course

**4 IRRIGATION SYSTEM PRESSURE** *Indicate the maximum pressure in the irrigation pipeline at the point of injection.*

Max. Pipeline Pressure \_\_\_\_\_  PSI  Bar  Pascal

**5 IRRIGATION SYSTEM CYCLE TIME** *What are the shortest/longest irrigation cycle times on the area to be treated?*

Shortest cycle: \_\_\_\_\_ hours    Longest cycle: \_\_\_\_\_ hours

**6 IRRIGATION SYSTEM PIPELINE SIZE** *Indicate the size of the pipeline into which you will inject.*

1 to 2 inches (25 to 50 mm)   
  4+ to 8 inches (101 to 200 mm)   
  Larger than 12 inches (Larger than 300 mm)  
 2+ to 4 inches (51 to 100 mm)   
  8+ to 12 inches (201 to 300 mm)

**7 POWER** *Describe the details of the electrical power you have available at the injection location.*

12 volts DC   
  110 volts AC, 1ph, 60 Hz   
  240 volts AC, 3ph, 60 Hz   
  240 volts AC, 1ph, 50 Hz  
 24 volts DC   
  220 volts AC, 1ph, 60 Hz   
  480 volts AC, 3ph, 60 Hz   
  380 volts AC, 3ph, 50 Hz  
 90-180 volts DC   
  480 volts AC, 1ph, 60 Hz   
  575 volts AC, 3ph, 60 Hz   
  Other \_\_\_\_\_

If Three Phase power, indicate which type:

Four Wire Wye   
  Three Wire Delta   
  Four Wire Delta   
  Two Wire Corner Grounded Delta  
 Rotary Phase Generated



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► **Online**  
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email: info@agri-inject.com  
facebook: facebook.com/AgriInject  
twitter: @AgriInject



## PROCESS FLUID INFORMATION

**7 LIQUID TO BE APPLIED** *What liquid product (ie. process fluid) do you intend to apply with your Agri-Inject system?*

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Fertilizer, liquid         | <input type="checkbox"/> Herbicides          | <input type="checkbox"/> Soil Amendments     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fertilizer, mixed from dry | <input type="checkbox"/> Fungicides          | <input type="checkbox"/> Water Amendments    |                                      |
| <input type="checkbox"/> Fertilizer, acid based     | <input type="checkbox"/> Miticide/Nematicide | <input type="checkbox"/> Biological Products |                                      |

**8 RATE** *Please indicate the rate of application of the liquid you intend to apply.*

- Amount: \_\_\_\_\_  ounces  pints  gallons  milliliters  liters  other \_\_\_\_\_  
 per: \_\_\_\_\_  acre  hectare  1000 square feet  other \_\_\_\_\_  total

**9 CHARACTERISTICS** *Please indicate the key characteristics of the liquid you intend to apply.*

- Is the liquid labeled for chemigation?  Yes  No      Please provide the product trade name: \_\_\_\_\_  
 Please provide the product EPA #: \_\_\_\_\_      Please provide the active ingredient: \_\_\_\_\_
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acidic (pH _____)          | <input type="checkbox"/> Suspended solids (TSS _____)  | <input type="checkbox"/> Special regs on handling/storage |
| <input type="checkbox"/> Basic (pH _____)           | <input type="checkbox"/> High Temperature ( _____ <input type="checkbox"/> F <input type="checkbox"/> C) | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Thick/Viscous ( _____ cps) | <input type="checkbox"/> Toxic (Caution word: _____; LD50 _____)   |   |

## SYSTEM FEATURES

**10 TANK** *Do you need an Agri-Inject tank for the liquid you are applying?*

- Yes Capacity: \_\_\_\_\_  gallons  liters       No tank needed

**11 MIXING** *Will the liquid being pump require mixing/agitation?*

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

**12 CONTROL SWITCH** *Do you need an control switch/motor starter protector?*

- Yes  No

**13 CONTAINMENT** *Do you require/desire containment for your system?*

- Yes  No  Might consider it

**14 PORTABILITY** *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 on nearly every application |
| <input type="checkbox"/> I will move it at the beginning/end of season | <input type="checkbox"/> Other _____                                |

**15 CONTROL CAPABILITY** *Indicate which control factors are desired in your injection system.*

- |   |  |
|---|--|
| <input type="checkbox"/> Injection rate proportional to irrigation flow | <input type="checkbox"/> Timer controlled (7 day calendar) |
| <input type="checkbox"/> Injection rate propotional to pH               | <input type="checkbox"/> Reporting capabilities            |
| <input type="checkbox"/> Based on irrigation system position/speed      | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Remotely controlled/monitored                  |  |