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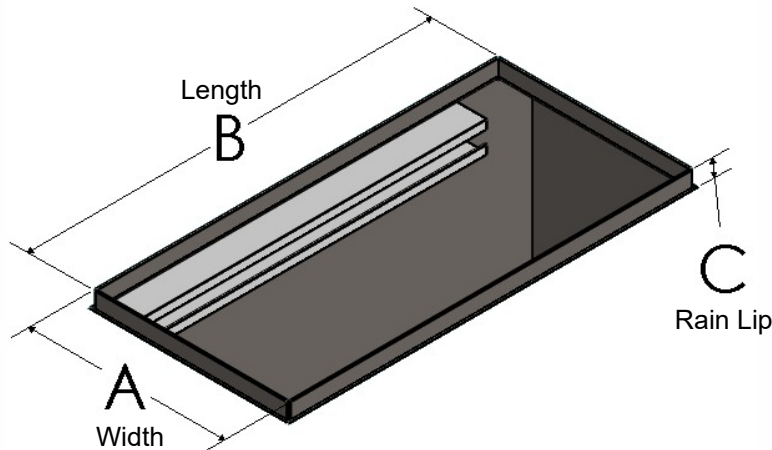
Dispenser Conversion Frame Survey Form

Existing Under Ground Sump Info

Distributor:	_____	Phone:	_____
Name:	_____	Email:	_____
Purchase Order #:	_____	Date:	_____

Sump Make/Model:	_____
Shallow Pan Deep Sump Quantity:	_____
Number of Existing Anchor Bolts:	_____
Does the existing UDC have a water splash lip?	Yes ☐ No ☐
If yes, how tall is the lip?	_____
Is there an existing island? Yes ☐ No ☐	
What are the existing Island Dimensions: Length _____ Width _____	
Does conduit exist within 2" of inner opening?	Yes ☐ No ☐
Does conduit exist outside the UDC rain lip?	Yes ☐ No ☐
Is conduit on 1 or 2 sides of vapor panel?	1 Side ☐ 2 Side ☐ Both Sides ☐

A Width (inches): _____ +/- 1/4 **B** Length (inches): _____ +/- 1/4 **C** Rain Lip (inches) _____ +/- 1/4



New Dispenser Information

Sales Order #:	_____	Existing #:	_____	New #:	_____
Dispenser Manufacturer:	_____				
Dispenser Model #:	_____				

**** NOTE:** Please Fill In All Dimensions And Contact Our Office With Questions ******

No Refunds Will Be Issued Once Order Has Been Placed

Contact: CNI Manufacturing, Inc.

Phone: (626) 962-6646 | Email: Info@cni-mfg.com

