



CDS® Unit GPT SIZING REQUEST FORM

CUSTOMER DETAILS

Name: _____	Email: _____
Company: _____	Project Reference: _____
Phone: _____	Date: _____
Fax: _____	

SITE INFORMATION

(* Critical Information required for sizing CDS units)

* Catchment Area (ha): _____

Equivalent Impervious Area (ha): _____

* Max. Pipe Flow at GPT (Qsys): _____

* Inlet Pipe Diameter: _____

* Pipe Grade (%): _____

* Invert Level - RL (m): _____

* Finished Surface Level (m): _____

* Backwater? (Lake level downstream or tidal flow)	NO	YES (m) Standing water depth at GPT
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MHWLS (RL) High Tide: _____

MLWLS (RL) Low Tide: _____

Treatable Flow Rate Desired: _____

Structure Location (eg: carpark, road, park, etc.): _____

Local Authority (Council, etc.): _____

Land Use Category (urban, roads, industrial, etc.): _____

COMMENTS

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