

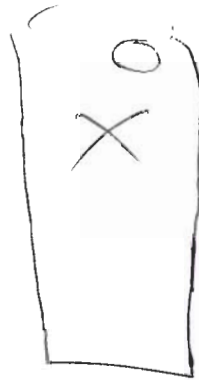


Culligan Water Treatment Systems, Inc.®
Quality Water Solutions and Service

1-800-M^cNew H₂O

1-800-626-3942

Aquadose Chemical Feed System



Rugged and Dependable

Demanding water conditions require innovative solutions. That's why **Culligan** introduced the **Aquadose** Chemical Metering Pump.

The **Aquadose** is a new breed of metering pump. We've built in features to ensure years of trouble free service. Our metering pump includes; a **totally enclosed**, chemically resistant housing to withstand the harshest environments, **totally encapsulated** electronics to provide protection from corrosion and vibration, a **locking ring** on the trigger assembly to prevent the cable from coming loose, only **one moving part** that's permanently lubricated to reduce maintenance, and a **priming valve** for quick and easy priming.

Safe

The **Aquadose** has been designed with the home owner in mind. Unlike other metering pumps that have the ability to run on their own, the **Aquadose** can only be controlled by the flow-meter installed in your chemical feed system. This reduces the possibility of chemical overfeed, providing security not found in other systems.

Rugged

The advanced noise reduction system in the **Aquadose** virtually silences the pump, making it ideal for household applications.



Culligan Water Treatment Systems, Inc.®

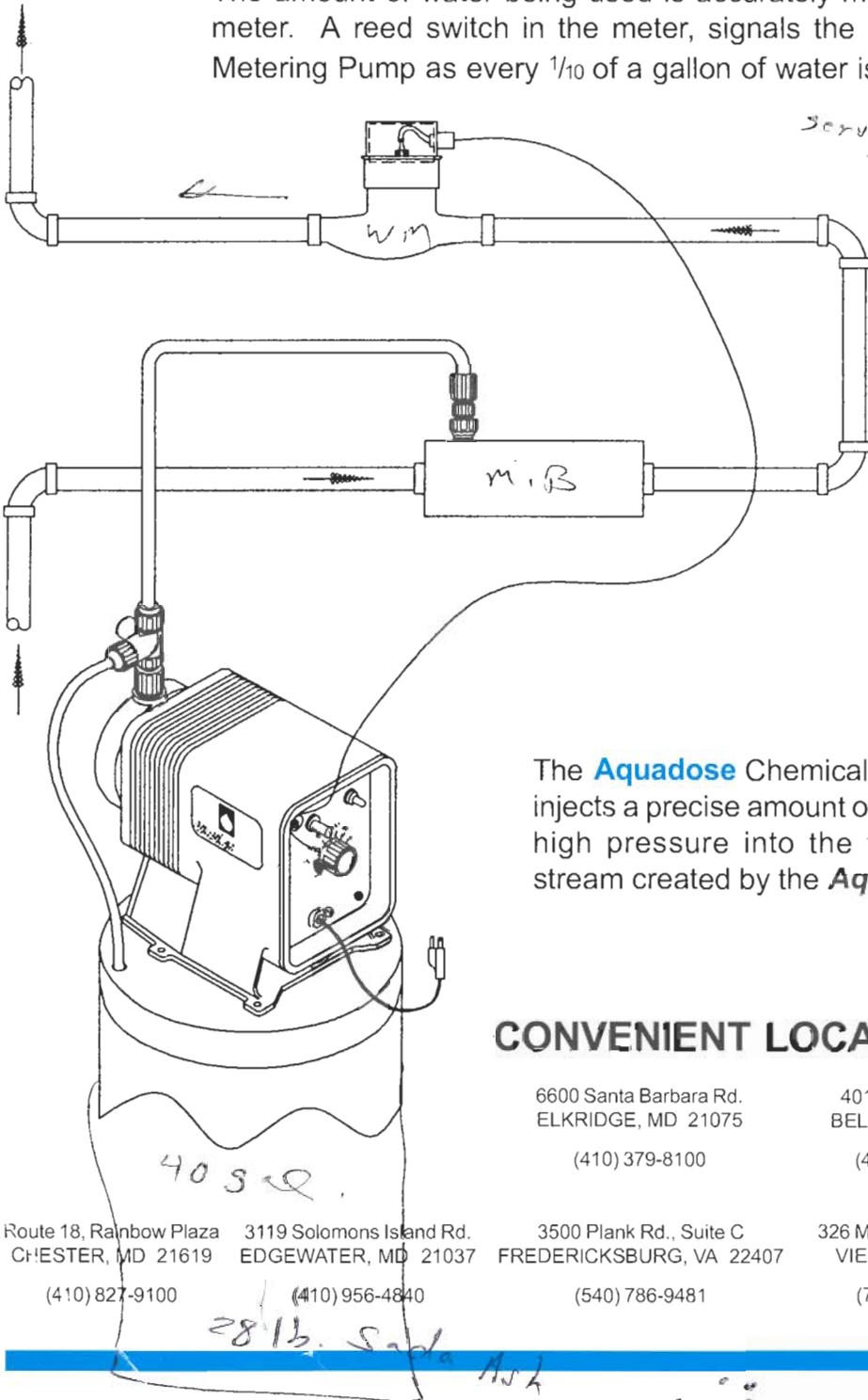
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HOW IT WORKS

The amount of water being used is accurately measured by the pulse meter. A reed switch in the meter, signals the **Aquadose** Chemical Metering Pump as every 1/10 of a gallon of water is used.



*Service 10" Noul.
Add Calceite 2 5.8
& Mag. Oxide 6.3
50 lb/51 lb*

*\$ 1,250
installed
+ tax \$1300.*

The **Aqua Accelerator** is a multistage mixing chamber that blends the chemical instantly with the untreated water.

The **Aquadose** Chemical Metering Pump injects a precise amount of chemical under high pressure into the turbulent water stream created by the **Aqua Accelerator**.

Relay Switch

*35-55
40-60
→ 50-70 psi*

CONVENIENT LOCATIONS TO SERVE YOU

6600 Santa Barbara Rd.
ELKRIDGE, MD 21075

(410) 379-8100

401 Baltimore Pike
BEL AIR, MD 21014

(410) 479-1320

3201 Mountain Rd.
PASADENA, MD 21122

(410) 255-5222

Route 18, Rainbow Plaza
CHESTER, MD 21619

(410) 827-9100

3119 Solomons Island Rd.
EDGEWATER, MD 21037

(410) 956-4840

3500 Plank Rd., Suite C
FREDERICKSBURG, VA 22407

(540) 786-9481

326 Maple Avenue West
VIENNA, VA 22180

(703) 938-7333

5647 S. Laburnum
RICHMOND, VA 23231

(804) 236-9030

2813 Sada

INSTALLATION INFORMATION SHEET

Name Tim Ridley Bus # (703) 757-0949 Date 9/16/02

Address 9011 Georgetown Pike Cr. Falls Home # (703) 757-9677 Map Code _____

COMPLETE DIRECTIONS: 28-N to 7-E (2) Georgetown Pike, home on (R) near old Dominion Hl.

PLUMBING & ELECTRIC SPECIFICATIONS:

<u>Water Line</u>	<u>Drain Cut</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Electric</u>	<u>Feeding</u>
COPPER <input checked="" type="checkbox"/>	OVER HEAD <input type="checkbox"/>	Outlet within 10'	<u>Soda Ash</u> <input checked="" type="checkbox"/>
CPVC <input type="checkbox"/>	CRAWL <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	CHLORINE <input type="checkbox"/>
QUEST <input type="checkbox"/>	WASHER <input type="checkbox"/>	Location: <u>in front of water heater</u>	AQUA-SWEET <input type="checkbox"/>
GALV <input type="checkbox"/>	EXISTING <input checked="" type="checkbox"/>	PUMP:	SOFTER-GARD <input type="checkbox"/>
1/2" <input type="checkbox"/>	CHANGE <input type="checkbox"/>	110 <input type="checkbox"/>	SOLAR <input type="checkbox"/>
3/4" <input checked="" type="checkbox"/>	1 1/2" <input type="checkbox"/>	220 <input type="checkbox"/>	PELLET <input checked="" type="checkbox"/>
1" <input type="checkbox"/>	2" 3/4" <input type="checkbox"/>	JET <input type="checkbox"/>	IRON FIGHTER <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	SUB <input type="checkbox"/>	RESUP <input type="checkbox"/>
20" + <input type="checkbox"/>	COPPER <input type="checkbox"/>		SOFT-TOUCH <input type="checkbox"/>
BYPASS <input type="checkbox"/>	PVC <input type="checkbox"/>		CITRI CLEAN <input type="checkbox"/>
EX. FT. _____	ABS <input type="checkbox"/>		<u>Brine Tanks:</u>
			18" <input checked="" type="checkbox"/>
			16" <input type="checkbox"/>
			13" <input type="checkbox"/>
			<u>Solutions:</u>
			30 Gal <input type="checkbox"/>
			15 Gal <input type="checkbox"/>
			Other <input type="checkbox"/>

REMOVE EXISTING EQUIPMENT: Yes No Other
 Location of Equipment and Instructions for Specifications Above: Remove ~~old~~ vent & cal sub.

use back office door to install & remove equip.
(white Carpet) G

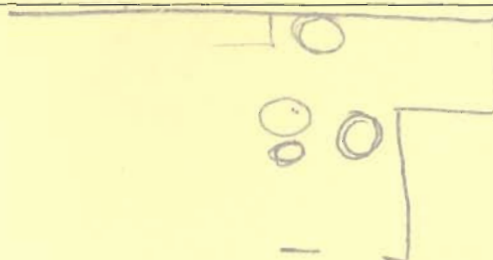
AC-15 INSTALLATION:

UNDER SINK ONLY <input type="checkbox"/>	ICE MAKER HOOK-UP <input type="checkbox"/>	EXTRA MODULE
MOUNTING BOARD <input type="checkbox"/>	BOOSTER PUMP <input type="checkbox"/>	Designer Faucet Color:
INSTANT HOT HOOK-UP <input type="checkbox"/>	FAUCET LOCATOR <input type="checkbox"/>	White <input type="checkbox"/>
SINK TYPE:	Left <input type="checkbox"/>	Almond <input type="checkbox"/>
Stainless <input type="checkbox"/>	Right <input type="checkbox"/>	Black <input type="checkbox"/>
Porcelain <input type="checkbox"/>	LARGE STORAGE TANK:	Brass <input type="checkbox"/>
Corian <input type="checkbox"/>	4 Gallon <input type="checkbox"/>	
	15 Gallon <input type="checkbox"/>	
	20 Gallon <input type="checkbox"/>	

INSTALLATION INSTRUCTIONS: _____

EQUIPMENT DIAGRAM:

install at the best available space.



I agree to the above specifications for equipment installation. Any changes will be subject to additional charges.

CUSTOMER APPROVAL [Signature]

CULLIGAN APPROVAL _____



CUSTOMER ORDER

PAGE 08
 9/20/02 AM
 Next Service Date
 9/16/02
 Order Date

DIRECTIONS: _____

NAME MR. Timothy Ridley
 ADDRESS 9011 George town Pk
 CITY Great Falls VA ZIP 22066
 HOME NO. 703-757-0944 WORK NO. 703-757-7671
 DRIVERS LICENSE # _____
 PLACE OF EMPLOYMENT The Ridley Group

CULLIGAN EXCHANGE/RENTAL BOTTLED WATER SERVICE		
Qty.	Description	Rate
		\$
Total rate per		\$

Private Home Apartment Commercial Alkalinity TDS Other _____
 Occupants 5 Bathrooms 5 1/2 Automatic Washer Dishwasher
 Estimate Water Usage 500 gal. per day Hardness 3 G.P.G.
 Municipal Supply Private Well Taste & Odor _____ Turbidity _____ Iron 7
 Sulphur N/D pH 5.8 Other _____
 Pump Pressure Range _____ to _____ psi. Flow Rate _____ gpm.
 LIMITATIONS: VARIATIONS IN YOUR WATER SUPPLY FROM THE ABOVE ANALYSIS MAY AFFECT THE PERFORMANCE OF THIS EQUIPMENT. ADJUSTMENTS AND/OR ADDITIONAL EQUIPMENT MAY BE REQUIRED. THESE WILL BE PROVIDED AT OUR PREVAILING RATES.

DEPOSITS AND INSTALLATION CHARGES	
ITEM	Amount
Basic Connection Charge	\$
Additional Installation Charge	
Initial Service or Rental Charge	
Salt lbs. @ \$ per	
Bottle Deposit/Credit	
Security Deposit	
Other	
Tax	
TOTAL CHARGES	\$
Less received with order <input type="checkbox"/> cash <input type="checkbox"/> check	
BALANCE DUE	\$

Qty.	Model	Description	Price
1		12" Gold Cond. w/18" Tank	\$1875
1		24" Aqua dose Feeder	1050
Installation Charge			310
Salt lbs. @ \$ per			
Other			
Tax			120.28
TOTAL			\$2335.28
Less received with order <input type="checkbox"/> cash <input checked="" type="checkbox"/> check			2325.28
BALANCE DUE			\$ 10.00

Service is provided on a month to month basis, one month's notice is required for removal or for change of service rate. Charge for service is billed in advance.
 Term of lease/option is _____ months. Leased equipment may be subject to sales tax. Customer may purchase equipment for the sales price shown on this order, less 50% of all lease payments received by Culligan, plus any applicable sales tax on the balance, within the term of the lease. Set-up charge, salt, chemicals, or other charges shown will not be applied towards purchase. After the expiration of the lease, customer forfeits any credit towards purchase.
 Term of lease of equipment is _____ months (leased equipment may be subject to state sales tax.)
 Amount of Each Periodic Payment \$ _____ Total Number of Payments _____ (if applicable) Purchase Balance + Tax _____
 = Total Payment \$ _____
 If exempt under Consumer Credit Protection Act, this is for information only.
 The first periodic payment is due on or before the date of installation, pro-rated to the _____ day of the following month. Subsequent payments are due on the _____ of each month thereafter.

Provide Culligan Salt Delivery Service Soda Ash

INSTALLATION INSTRUCTIONS, NOTES & DIAGRAMS		
Grains Capacity Required per Day		
Salt Setting	lbs.	Regen. Pins Down
Full Line		Hot Only
Bypass Outside		Cut-Flt Valve
Copper		Galvanized
Plastic		Basement
Utility Room		Crawl Space
Garage		Outside

(1) For the treatment of Acidic water & soluble Iron.
 (2) Rd by ck #11084

THE TERMS OF THIS AGREEMENT ARE PRINTED ON BOTH SIDES OF THIS PAGE

Culligan
 Dealership
45095 Old Ox Rd
 Address
Dallas VA
 City State
20166
 Zip Code
Tamara Ribani
 Representative Dealer Approval

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

[Signature]
 Customer's Signature
9/16/02
 Date