



Chlorinators and Direct Well Treatments

est. 1947

DUFF[—]co.

When you need it now... or don't know how

PLUMBING & HEATING • PUMPS • WATER CONDITIONING
MULTIFAMILY HOUSING SUPPLIES

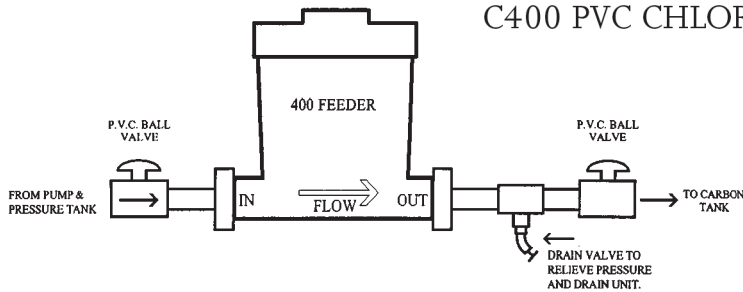


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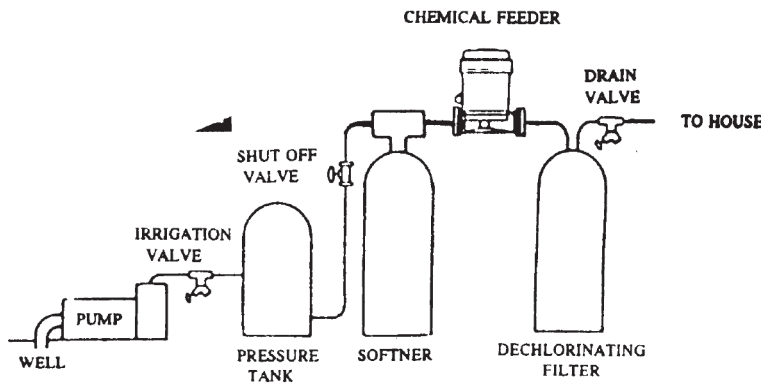
610-275-4453

duffcompany.com

C400 PVC CHLORINATOR



Non electrical chemical feed system. Powered by water pressure and operates only when water is used. The C400 uses chlorine pellets and does not require a carbon tank. It adapts up to 1 1/2".



DESCR.	FIG. NO.	PRICE
C400 Chlorinator	46955	
14 Lb Pellets	47505	
35 Lb Pellets	38980	

DIRECT WELL TREATMENTS

WP230 CHLORINATOR

220 Volt, 60/50 Hz, 2 Watts

Pellet Feed Rate: 3 pellets/minute

Pellet Storage: 3 1/2 Lbs.

Dimension: 34" x 11" x 8"

Weight: 12 Lbs.

FIG. NO.	PRICE
45373	

Well PRO

Dry Pellet Chlorinator

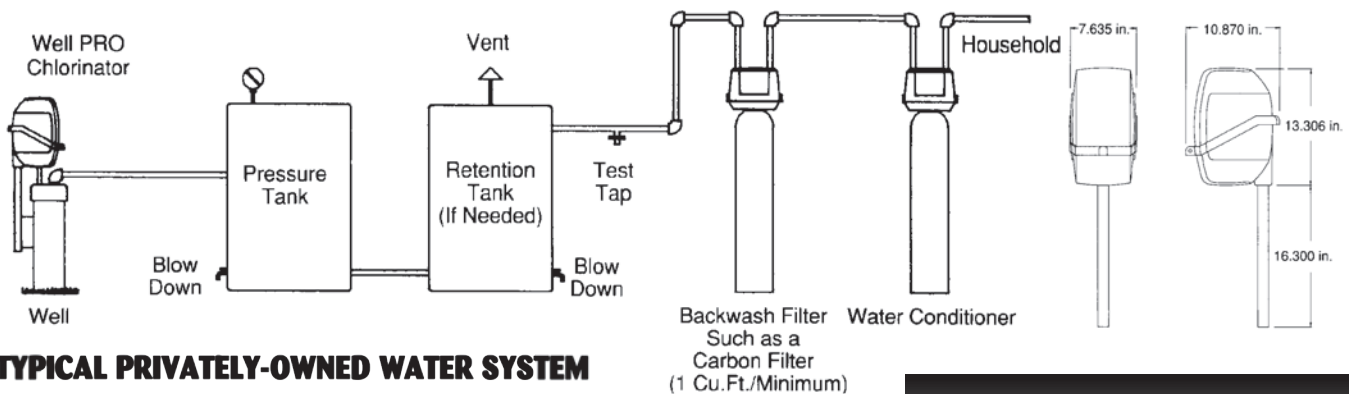
CHLORINE PELLETS

EPA registered: 5051-1

Active Ingredient: Calcium Hypochlorite
(70% available chlorine)

Pellet Weight: .79g (.028 oz.)

FIG. NO.	PRICE
45390	



TYPICAL PRIVATELY-OWNED WATER SYSTEM

Most water systems require filtering to completely remove precipitated iron and manganese from the chlorinated water.

Talk to your DUFF rep about installing a WellPRO backwash Filter



DIRECT WELL TREATMENTS

Well Sanitizer

- **Accurate**
- **Economical**
- **Easy to Use**
- **Safe to Store**
- **EPA Registered**

Every new well, or existing water supply system that has been disrupted for service or repair, should be disinfected before it is returned to use. Water in the well and storage tank should be treated with a strong chlorine solution to destroy disease organisms. All pipe lines and fixtures in the distribution system should be rinsed and flushed with chlorinated water.

NOT FOR USE WITH AUTOMATIC FEEDERS

FIG. NO.
31604

HOW TO SANITIZE A WATER SYSTEM USING A WELL SANITIZER

WELL DIAMETER - INCHES	FOR EACH 100 FEET OF WATER DEPTH USE:*		
	Weight of Pellets lbs. - oz.	Cups of Pellets	Number of Pellets
2	0-1.5	1/4	40
3	0-3.0	2/5	80
4	0-6.0	3/4	140
5	0-8.0	1	200
6	0-12.0	1-1/2	300
8	1-5.0	2-1/2	500
10	2-0	4	800
12	3-0	6	---
24	12-0	24	---
36	26-0	---	---

*TO PRODUCE A 400 PPM CHLORINE DOSAGE.



Products for Quality Water

DIRECT WELL TREATMENT

SENTRY I DRY PELLET CHLORINATOR



Works like a "gum ball machine", dropping the precise amount of chlorine down the well and into water supply. The amount of chlorine residual may be regulated to be LESS than that found in some city supplies.

- Set exactly for particular water problem.
- Only 3 moving parts.
- 230 volt.
- Inexpensive operation and simple maintenance.
- Protects pump, piping and other well components
- Great oxidizer that treats iron, manganese, rotten egg smell and iron bacteria problems.

FIG. No.	Type
61981	Complete 220v chlorinator unit
58505	Wire vent kit
80739	Top plate
69568	Chlorine pellets (5 lb. jar) (case qty. 6)
3326260	Chlorine granules (8 oz. jar)

WELL SAFE WELL SANITIZER PACK



- Pack includes (2) 8 oz bottles of chlorine pellets.
- Designed for easy use and to prevent iron and iron bacteria that can develop in a well. Will clean and sanitize a well; EPA registered and NSF approved.
- Perfect for shock treating well after service. Lasts longer than liquid chlorine. Helps eliminate residue buildup on pumps, on well casings below the water line and in pipelines throughout the water delivery system.

FIG. No.
31644

SENTRY FLOW METER



- Specially designed product that becomes a "must" for every service truck. Plumbers, well service people, water softener repairmen, lawn sprinkler and turf service, as well as all other service professionals depend on the Sentry Flow Meter for a variety of applications.
- Developed to provide accurate flow rates of pumps from 0-100 psi, at flow rates anywhere from 4-28 gpm.
- By adjusting the handy ball valve, the Sentry Flow Meter can help indicate the condition of pressure tank, switch, pump and restrictions in the water line.
- Comes with carrying case and hose thread for convenient use.

FIG. No.
186366

How to Order

Submit your order online

or

email info@duffco.com

Be sure to include

product numbers

descriptions

quantities

Don't forget to include your name!

Contact name _____ Contact Date _____



DUFF COMPANY

201 East Lafayette Street
Norristown, PA 19401



Phone: **610-275-4453** Fax: **610-279-6761**

Legal Name _____

Name in which business is conducted _____

Billing Address _____

City _____ State _____ Zip _____

Purchasing Phone _____ A/P Phone _____ Fax _____



Principal's Name _____

Principal's Address _____

City _____ State _____ Zip _____

Phone (Office) _____ (Cell) _____ E-mail address _____

Website address (If applicable) _____

Primary Contact _____ Title _____



SHIPPING ADDRESS - IF DIFFERENT

Shipping Address _____ Phone _____

City _____ State _____ Zip _____

Tax Exempt Number _____ Provide a copy of Certificate. We CAN NOT set up a Tax Exempt Account without certification.



TYPE OF BUSINESS

Plumbing _____ Pumps _____ Heating _____ Municipality _____ Hotel or Apts. _____ Well Drilling _____
Hospital _____ Factory (OEM) _____ Factory (Mtn) _____ Office Building _____ Shopping Center _____
Golf Course _____ Water Treatment _____ Environmental _____ Other (Please name) _____

Have you been contacted by one of our salesman? _____ Name _____

If YES, please explain _____

Name of person authorized to pick up _____

D&B Rating _____ Check one: Corporation _____ Partnership _____ Individual Proprietor _____

If division of another company, name parent company and relationship _____

DUFF COMPANY

201 East Lafayette Street, Norristown, PA 19401

TRADE REFERENCES

Name _____ Type of business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____



Name _____ Type of business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____



Name _____ Type of business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____



Bank reference _____

Branch Address _____

City _____ State _____ Zip _____

Branch officer who handles account _____

In consideration of your opening the above account and/or extended credit, the undersigned hereby agrees that all information supplied in this application is correct, that all accounts are to be paid in full to Duff Company monthly by the tenth day of the month following the invoice date, that a 1% service charge and a 1% interest charge will be made on any balance open at the end of the month following invoice date, and that in the event that legal action or lien be taken, or the service of a collection agency are used to collect this account, the undersigned shall pay all expenses incurred by the Duff company, such as, but not limited to, collection fees, costs and legal fees.

Applicant (Name of Account) _____

By _____ Title _____

The undersigned _____ and _____ for good and valuable consideration, hereby jointly, severally and personally unconditionally guarantee, warrant and promise the full and prompt (within terms) payments of all bills and other obligations (as set forth above) of the applicant in connection with any credit extended to the applicant by Duff Company.*

Principal _____ Witness _____ Principal's Spouse _____ Witness _____

Principal _____ Witness _____ Principal's Spouse _____ Witness _____

We routinely fax invoices to our customers. Please provide a fax number where we can send invoices _____

PLEASE FAX FORM TO 610-275-6761

*As appropriate, we may also require the guarantee of a principal and, in some cases, the principal's spouse.

For Duff Company Use Only

Credit Limit: _____	Contact: _____	Certificate Recd: _____
Tax Jurisdiction: _____	General Manager _____	Type: _____
Salesman: _____	Class: _____	Controller: _____
	Date Approved: _____	