

Are you interested in a biobed and would like to receive an offer for free ?

1. Fill in the questionnaire
2. In order to avoid data loss, print this document as pdf
3. Send the « printed » pdf file in an email to [info@ecavert.ch](mailto:info@ecavert.ch) or by mail to ecaVert Sàrl, c/o YKo Architecture, CP 267, Industrie 50, 1030 Bussigny

Requester :

<b>Last Name</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
<b>Phone</b>	<input type="text"/>		
<b>Email</b>	<input type="text"/>		

# VG-Biobed : Questionnaire for the dimensioning

## The production area :

Viticulture ? Area (ha)

Pomiculture ? Area (ha)

Cereals ? Area (ha)

Others ? Which ?  Area (ha)

## Period and number of treatments and washings per year:

### Sprayer, Type 1 :

Sprayertype (Turbo, Row crop, etc.)	Application (herbicide, insecticide, etc.)	Number of sprayers of this type	Volume of the tank bottom

### Number of treatments

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

### Number of washings

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

### Sprayer, Type 2 :

Sprayertype (Turbo, Row crop, etc.)	Application (herbicide, insecticide, etc.)	Number of sprayers of this type	Volume of the tank bottom

**Number of treatments**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Number of washings**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Sprayer, Type 3 :**

Sprayertype (Turbo, Row crop, etc.)	Application (herbicide, insecticide, etc.)	Number of sprayers of this type	Volume of the tank bottom

**Number of treatments**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Number of washings**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Sprayer, Type 4 :**

Sprayertype (Turbo, Row crop, etc.)	Application (herbicide, insecticide, etc.)	Number of sprayers of this type	Volume of the tank bottom

**Number of treatments**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Number of washings**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Sprayer, Type 5 :**

Sprayertype (Turbo, Row crop, etc.)	Application (herbicide, insecticide, etc.)	Number of sprayers of this type	Volume of the tank bottom

**Number of treatments**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

**Number of washings**

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

Comments :