



UV Systems

est. 1947

DUFF^{CO.}

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

PLUMBING & HEATING • PUMPS • WATER CONDITIONING
MULTIFAMILY HOUSING SUPPLIES



CATALOG

610-275-4453

duffcompany.com

GERMICIDAL DISINFECTION STERILIZER (GDS) UV SYSTEMS

The Ultraviolet GDS Series is an effective way to provide safe, bacteria free water for a home or office, 24 hours a day, 7 days a week. Ultraviolet Disinfection Systems are setting the standards for water disinfection requirements in the water treatment industry.

FEATURES:

- Standard Warranty
- LED Visual & Audible Alarms
- 30 Day Replacement Alarm & Countdown Timer
- Lamp Life Expired Alarm
- UV Lamp Out Alarm
- 365 Day Resettable Lamp Life Counter
- Flow Control
- Solenoid Valve Connection
- Sight Port
- Built in Surge Protector and Fuse
- 1" & 3/4" Standard Inlet and Outlet

BENEFITS:

- No taste or odor
- Eliminates microbiological contaminants without chemicals
- Bacteria, viruses and other organisms are destroyed safely inside a factory sealed and tested stainless steel chamber.
- All Units proudly made in the U.S.A.
- Meets WQA Standards



OPTIONAL ACCESSORY

Solenoid:

This solenoid acts as a fail safe shut-off valve. Providing extra



Parts Breakdown:

1. Control Box & Mounting Bracket
2. Power Cord
3. Quartz Sleeve
4. UV Lamp
5. Inlet
6. Site Port
7. Outlet

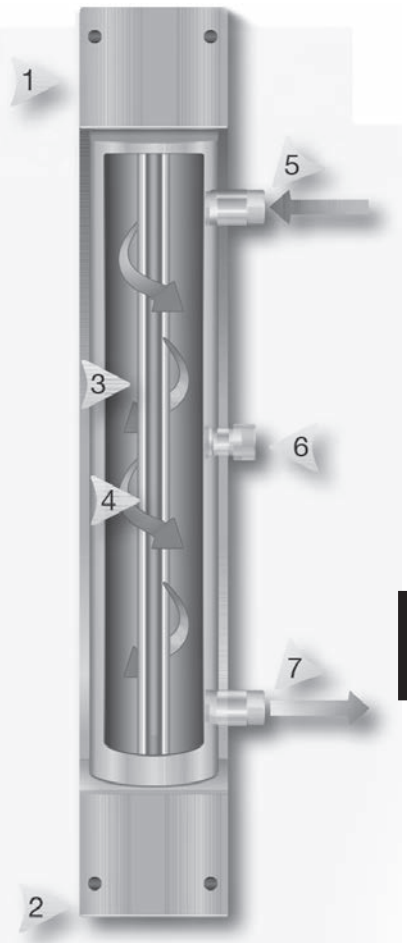


Fig. No.	Type
—	GDS-7 (includes monitor); replacement for SE-7
—	GDS-15 (includes monitor); replacement for SE-15
52339	DWS-7 (same as GDS-7, but less monitor)
52395	DWS-15 (same as GDS-15, but less monitor)
45479	Replacement bulb only for DWS-7, SE-7 and GDS-7
31886	Replacement bulb only for DWS-15, SE-15 and GDS-15

Model	Max Flow GPM	No. Lamps	KW@ 120V	Amp@ 120V	Pipe Size	Overall Dimensions	Wetted Material	Shipping Weight
GDS - 7	7	1	0.05	0.4	3/4" FNPT / 1" MNPT	18" x 5" x 7"	304 SS	19 lbs.
GDS - 15	15	1	0.07	0.6	3/4" FNPT / 1" MNPT	36" x 5" x 7"	304 SS	28 lbs.

220V Specs are available upon request

SAFE LITE (SL) SERIES UV SYSTEMS



The Ultraviolet Safe Lite Series is an effective way to provide safe, bacteria free water for a home or office, 24 hours a day, 7 days a week. Ultraviolet Disinfection Systems are setting the standards for water disinfection requirements in the water treatment industry.

FEATURES:

- Standard Warranty
- Completely Automatic
- Compact and Easy to Install
- Low Operating Costs
- Low Maintenance

BENEFITS:

- No taste or odor
- Eliminates microbiological contaminants without chemicals
- Bacteria, viruses and other organisms are destroyed safely inside a factory sealed and tested stainless steel chamber
- All Units proudly made in the U.S.A.
- Meets WQA Standards



Fig. No.	Type
---	SL-2V (less monitor)
76070	SL-8V (less monitor)
134234	Replacement bulb only for SL-8V

OPTIONAL ACCESSORIES

254M UV Monitor



This UV Dosage metering device, reads only the 254nm intensity output of the Ultraviolet Light within the treatment chamber.

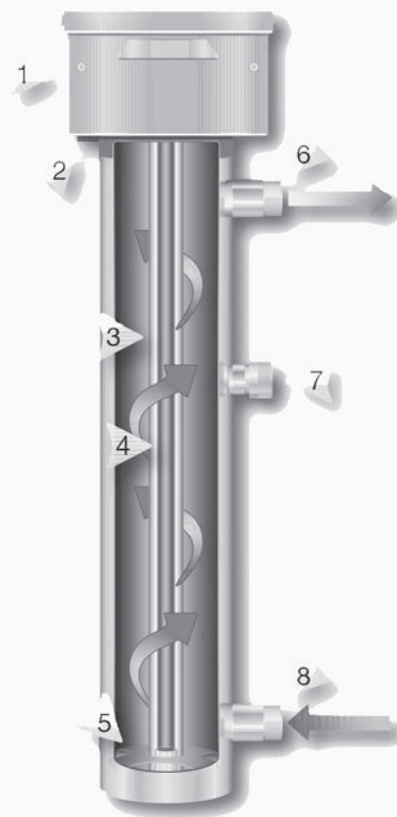
Solenoid



This solenoid acts as a fail safe shut-off valve. Providing extra protection for the system

Parts Breakdown:

1. Control Box & Mounting Bracket
2. Power Cord
3. Quartz Sleeve
4. UV Lamp
5. Quartz Sleeve Stabilizer
6. Outlet
7. Site Port
8. Inlet



UV LAMPS

FIG. NO.	DESCRIPTION	OVERALL LENGTH	PRICE
45479	1 Pin each end	14" overall length	
23545	1 Pin each end	17" overall length	
23546	1 Pin each end	27" overall length	
31886	1 Pin each end	33" overall length	
41938	2 Pins each end	14" overall length	
50634	2 Pins each end	17" overall length	
43539	2 Pins each end	31" overall length	
47602	3 Pins one end	33" overall length	
48510	4 Pins one end	12" overall length	
41939	4 Pins one end	14" overall length	
50465	4 Pins one end	17" overall length	
63764	4 Pins one end	25" overall length	
47602	4 Pins one end	33" overall length	

**it is helpful to know who the manufacturer of the uv is
for absolute accuracy in matching up bulbs!**



QUARTZES FOR UV LAMPS

MANUFACTURER'S NAME REQUIRED

FIG. NO.	DESCRIPTION	PRICE
45462	14" open ends	
51028	15" open ends	
51077	16" closed ends	
38953	18" open ends	
47760	19" closed ends	
63765	27" closed ends	
70468	35" closed ends	



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: _____	