

LANCASTER[®]
WATER TREATMENT

COMMERCIAL / INDUSTRIAL WORK SHEET

Fill in all areas that apply.

Job name: _____ Date _____ Telephone: _____
Address: _____ Fax: _____
Contact person: _____ E-mail: _____

A. Water to be used for:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> school number of students _____ | <input type="checkbox"/> laundromat |
| <input type="checkbox"/> motel number of units _____ | <input type="checkbox"/> dishwasher |
| <input type="checkbox"/> apartments number of units _____ | <input type="checkbox"/> boiler |
| <input type="checkbox"/> restaurant number of guests per day _____ | <input type="checkbox"/> other _____ |

B. Hours per day operation _____ **Days per week** _____

C. Water requirements

constant flow rate _____ gpm
daily usage/24 hour _____ gallons
was usage determined by fixture count? flow meter? water bill?
*see below

D. Fixture count

tubs/showers: _____ sinks: _____ urinals: _____ tank type toilets: _____
flush valve toilets: _____ comm. clothes washers: _____ comm. dishwashers: _____

E. Water quality required all water treated hot water only treated
permissible hardness leakage _____ ppm?

F. Water influent

Source: municipal private well other _____

Water composition:
hardness _____ gpg pH _____ manganese _____ ppm
turbidity _____ iron _____ ppm H₂S _____
TDS _____ color when drawn _____

G. Facilities

supply pipe size _____ inches operating pressure _____ psi
pump capacity _____ gpm pressure at point of installation _____ psi
constant pressure pump yes or no c.p. pump rated at _____ gpm, set at _____ psi
drain line size _____ inches number of floors in building _____
minimum pressure allowed after water treatment _____ psi

H. Installation details or limitations

available floor space (inches) _____ length X _____ width X _____ height
basement/ground level/or floor _____ weight versus floor support _____

I. Installation details or limitations (cont'd)

door openings _____ stairways _____
remote brine tank location _____
any other unusual installation requirements _____

J. Existing equipment at this prospect?

tank size (inches): _____ diameter x _____ height
valve size (inches): _____ cu. ft. resin _____
make _____ model # _____ approx. age _____

K. Existing equipment (cont'd)

tank size (inches): _____ diameter x _____ height
valve size (inches): _____ cu. ft. resin _____
make _____ model # _____ approx. age _____

L. Notes:

Blank area for notes.