STERLING
WATER TREATMENT

WATER ANALYSIS FORM

FOR RESIDENTIAL AND COMMERCIAL APPLICATIONS (see back)

RETURN TO: **Franklin Water Treatment**
12630 U.S. 33 North
Churubusco, IN 46723

-Please complete entire form, including distributor information, for proper sizing equipment.
-Health related contaminants i.e. microbiological (bacteria, cysts), chemical, lead or arsenic tests are not performed. Consult a State-Certified lab for testing health-related issues.
-Water analysis is performed on hardness, iron, manganese, TDS, pH, tannin, turbidity and (optionally) copper or silica for recommending water treatment.
-Franklin Water Treatment is not responsible for recommendations based upon inaccurate information.

DISTRIBUTOR: (must be included) Contact_____

Name_____

Address_____

City_____State_____Zip_____

Phone ( )_____ Fax ( )_____

Email Address: _____

DEALER: Contact_____

Name_____

Address_____

City_____State_____Zip_____

Phone ( )_____ Fax ( )_____

Email Address: _____

Customer Name_____

Address_____

City_____State_____Zip_____

Phone ( )_____ Fax ( )_____

Email Address: _____

HOW TO DRAW SAMPLE:
Use outlet nearest pump (not from bottom of pressure tank). Run water for 5 minutes, then fill CLEAN bottle to neck and cap immediately. Never use hot water. Return bottle with this completed form.

HOW TO MEASURE PUMPING RATE OF PUMP:
1) Make certain no water is being drawn. Open spigot nearest pressure tank. When pump starts, close spigot and measure time (in seconds) to refill pressure tank. This is cycle time.
2) Using a container of known volume, draw water and measure volume in gallons until pump starts again. This is drawn-down. Divide this figure by cycle time from step 1 and multiply result by 60 to arrive at pumping rate in gallons. Insert figure in Sec. 3.

_____Gals. ÷ _____Secs. X 60 = _____gpm
Draw-down **Cycle Time**

EXAMPLE: Cycle time is 65 secs.; draw-down is 6 gals.; then, pumping equals: 6 gals. ÷ 65 secs. X 60 = 5.5 gpm

Report Number:

1. WATER SOURCE

□ Municipal / City or area-wide authority.

Community water system
□ (small water system usually supplying 12 homes or fewer)

Water comes from: □Well □Lake □Reservoir □River

□ Private Well □ Private lake or pond

□ Private spring □ Private cistern

□ Other - describe_____

2. HOUSEHOLD INFORMATION

Do you currently have water conditioning equipment?
□ No □ Yes: Type _____ Size _____
Sizing information:
No. Persons _____ No. Bathrooms _____
□ Lawn irrigation on system
□ Swimming pool Capacity _____gals.
□ Geothermal heating/cooling - gpm required _____
□ High flow fixtures (IE multi-head showers) _____

3. WATER SYSTEM

Pumping rate of pump _____ gpm (see instructions "How to measure pumping rate.")

Type of Well Pump: □ Submersible □ Jet □ Other_____

Operating pressure (Low/High)_____/_____ psi

Service Pipe size: _____in.

Type of Pipe: □ Plastic □Copper □ Other _____

4. WATER PROBLEMS

When this water sample was drawn, it was:
□ Clear □ Colored □ Cloudy
Is this water sample: □ Untreated □ Treated (see sec. 2)
PROBLEMS:
□ Hardness (high soap usage, bathtub ring, lime deposits, etc.)
□ Iron deposits - If yes, is iron build-up in flush tank:
□ Stringy (Iron bacteria) □ Greasy
□ Color of water - describe_____
□ Greenish/bluish stains on sinks, tubs, etc.
□ Pitting of fixtures and/or pipes
□ Sand □ Silt □ Sediment (settles) □ Cloudiness (floats)
Taste: □ Metallic □ Chlorine □ Bitter □ Salty
□ Other - describe _____
Odor: □ Rotten Egg* □ Musty □ Metallic □ Chlorine
On-site sulfur test (if rotten egg) _____ppm
**Sulfur test must be completed on site.*
□ Other problems - describe _____

BUSINESS / COMMERCIAL WATER ANALYSIS INFORMATION FORM

NOTE: Complete section 4 (Water Problems), and Customer, Dealer and Distributor information on the front side of this form. Do not complete Sections 1, 2, and 3 on front side. Complete the following information. Additional information may be required based on application.

1. WATER SOURCE

□ Municipal/Community □ Private Well □ Lake □ Pond

2. WATER USAGE:

Usage _____gals. Per: □ Month □ Week □ Day
□ Other _____ □ Usage not known
Usage figure based on: □ Meter Reading
□ Estimate based on _____
Water is used _____ Hours/Day and _____ Days/Week.
Is system expansion planned for future? □ Yes □ No

3. WATER SYSTEM:

Pump Type _____ Pumping Rate _____ gpm
Pipe Sizes: Well to pressure tank _____ in. Service _____ in.
Pressure Tank: Bladder _____ Air/ Water _____ Cap. _____ gal.
Operating Pressures: Low _____ psi High _____ psi
Type of Pipe: □ Plastic □ Copper □ Other _____

4. EQUIPMENT:

□ New Installation □ Replacement of _____
□ Addition to existing _____
Type of equipment desired:
□ Softener □ Filter □ Other
□ Recommendation by factory requested
□ Meter (s) regeneration or □ Time Clock regeneration
Available space: Length _____ x Width _____ x Height _____
Door Size _____
Treating: □ Hot Water Only or □ Hot and Cold Water

5. APPLICATION:

(Locate appropriate application to complete form, include additional information under remarks.)

□ **APARTMENT BUILDING*:** No. Apartments _____
Laundry facilities: □ Central □ Individual □ None
Number of washers _____ Capacity (in lbs.) _____

□ **BEAUTY SALON, BARBER SHOP*:** No. Stations _____
□ **CAR WASH:** □ Automatic □ Wand Type No. Bays _____
gpm Required _____

□ **CHURCH*:** Maximum Daily Attendance _____

□ **COUNTRY CLUB*:** No. Members _____ No. Showers _____

□ **FACTORY (NO PROCESS WATER)*:** No. Employees _____
□ **FACTORY (INCLUDING PROCESS WATER)*:**
No. Employees _____
Gals. Per day usage of process water _____

□ **FARM:** □ Cattle, dairy □ Cattle, beef □ Hogs
□ Horses □ Sheep □ Chickens □ Turkeys
□ Ducks No. Head _____

□ **HOUSING DEVELOPMENT:** No. Wells ____ No. Homes ____

□ **HOTEL*:** No. Rooms_____ □ Restaurant □ Laundry

□ **REST HOME*:** No. Beds _____ □ Cafeteria □ Laundry

□ **LAUNDRY*:** □ Coin-operated □ Commercial
No. Washers _____ Capacity (in lbs) _____

□ **MOTEL*:** No. Units _____ □ Restaurant □ Laundry

□ **OFFICE BUILDING*:** No. Employees _____

□ **RESTAURANT*:** Seating Cap. _____
Type: □ Luxury □ Family □ Cafeteria □ Fast food
Ethnic: (pizza, etc.) □ _____

□ **RETAIL STORE*:** No. Toilets _____

□ **SCHOOL*:** □ Elementary □ Middle □ High School
No. Students _____

□ **STEAM BOILER:** □ Condensate return, make-up
□ No condensate return No. Horsepower

□ **TAVERN*:** Seating Capacity _____

□ **TRAILER PARK:** Total Lots _____
□ Central Laundry - Number of Washers _____

□ **UNIVERSITY*:** □ Dormitory No. of students _____
For other applications, explain under REMARKS.

□ **IRRIGATION:** No. zones _____ gpm/Zone _____

□ **GEOTHERMAL SYSTEMS:** □ Heating and Air Conditioning
□ A/C only □ Heating only gpm _____

□ **OTHER** _____

*6. GENERAL FIXTURE LIST:

Indicate the quantity of each fixture below.

_____ Urinals _____Tank Type Toilets _____Flush Valve Toilets

_____ Lavatories _____Showers _____Kitchen Sinks

_____Other Fixtures_____

REMARKS_____
_____
_____
_____