

STERLING

WATER TREATMENT

WATER ANALYSIS FORM

FOR RESIDENTIAL AND COMMERCIAL APPLICATIONS (see back)

RETURN TO: **First Sales**
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 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 for recommending water treatment.

-First Sales 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, water comes from:
 Reservoir Lake Wells River Unknown
- Community water system
(small water system usually supplying 12 homes or fewer)
Water comes from: Well Lake Reservoir River
- Private Well
 New private well Approx. age _____ months
 Old private well Approx. age _____ years
- Private lake or pond Private spring
- Private cistern Other - describe _____

2. HOUSEHOLD INFORMATION

Do you now have water conditioning equipment?

No Yes: Type _____ Size _____

Sizing information:

No. Persons _____ No. Bathrooms _____

Dishwasher Clothes Washer Lawn irrigation on system

Indoor pool Outdoor 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 _____

Pressure Tank: Air-to-water Bladder type capacity _____ gals.

Operating pressure (Low/High) _____ / _____ psi

Pipe sizes: To pressure tank _____ in. Service _____ 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 Sediment or silt (settles) Cloudiness (floats)

Bad taste: Iron Bitter Salty

Other - describe _____

Bad Odor: Rotten Egg* Musty Iron

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:

Following information required where indicated by asterisk:

_____ Urinals _____ Tank Type Toilets _____ Flush Valve Toilets
_____ Lavatories _____ Showers _____ Kitchen Sinks
_____ Other Fixtures _____

REMARKS _____

