



Commercial High-Purity Systems Sizing & Design Questionnaire

Project Name _____

Project Location _____

Engineer/Contractor/Rep Name(s) _____

PLEASE ATTACH ANY AVAILABLE WATER TESTING REPORTS

1) What is the type of application: _____

a. Medical Sterilization Equipment

b. Humidification

c. Laboratory

d. Pharmaceutical / Semiconductor manufacturing

e. Other (describe): _____

2) City or Well water: City Well

a. If city water, what type of disinfectant: Chlorine Chloramines Other (describe): _____

3) Incoming (raw) water quality levels (Grains per gallon or mg/l hardness, iron ppm): _____

4) Incoming (raw) water TDS (Total Dissolved Solids): _____ Silica: _____

5) Incoming water pressure (psi): _____

6) Incoming water temperature: _____

a. Is a hot water source available? Yes No

7) Desired water quality: _____

a. Type IV (typically just reverse osmosis water)

b. Type III (typical for medical sterilizers)

c. Type II (typical for laboratory fixtures/equipment)

d. Type I (typical for semiconductor manufacturing)

8) Estimated gallons-per-day usage for all fixtures/equipment using high-purity water (if known): _____

9) If gallons-per-day is not known, please provide pertinent building high-purity water usage (# of occupants, # of cycles, gallons per cycle, etc.):

10) Hours of operation (when will the water be consumed): _____

11) Peak delivery flow rate (gpm) required at outlets (if known): _____

12) If peak flow rate is not known, please list all fixtures/equipment (and quantities) to receive high-purity water:

13) Distance to the furthest fixture on high-purity water distribution system:

Vertical feet _____ Horizontal feet _____

14) Minimum pressure (psi) required at furthest fixture: _____

15) Do you require a recirculation system? Yes No

16) Do you require a packaged skid system (pre-piped, pre-wired, pre-plumbed, delivered to jobsite)? Yes No

Option #1 – Touchscreen PLC controller, BMS integration, single point power

Option #2 – Basic controller, digital alarm outputs, single point power

17) If you answered yes to #16, how wide is the mechanical room door/corridor? _____

18) If you answered yes to #16, how tall is the mechanical room ceiling? _____

19) How much space is available for treatment equipment? _____

20) Available power supply: Voltage _____ Phase _____

21) Other comments or requests?

Thank you for working with Water Control. We value your business. Please fax, email, or mail this questionnaire to us (or to your local representative) for processing and system selection.

Contact Our Technical Support Department at:

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Email: techsupport@watercontrolinc.com