



## RW Series Water Reclamation Systems Sizing & Design Questionnaire

Project Name \_\_\_\_\_

Project Location \_\_\_\_\_

Engineer/Contractor/Rep Name(s) \_\_\_\_\_

**1) Source(s) of water to be reclaimed:**

- Rainwater
- Condensate
- Drain tile system
- Softener backwash
- Pool backwash
- Graywater (showers, bathroom lavs, washing machines)
- Other (please specify) \_\_\_\_\_

**2) Intended use(s) for reclaimed water:**

- Irrigation (spray heads)
- Irrigation (sub-surface drip)
- Cooling tower make-up
- Fixture flushing
- Vehicle washing
- Nursery irrigation
- Fire tanker filling
- Backup fire system
- Industrial process
- Other (please specify) \_\_\_\_\_

**3) Peak flow rate (GPM) for all fixtures/equipment using reclaimed water** \_\_\_\_\_

**4) Estimated gallons-per-day usage for all fixtures/equipment using reclaimed water** \_\_\_\_\_

**5) Distance from storage tank to mechanical room (system skid location):**

Vertical feet \_\_\_\_\_ Horizontal feet \_\_\_\_\_

**6) Distance from mechanical room (skid system location) to furthest fixture/equipment using reclaimed water:**

Vertical feet (rise only) \_\_\_\_\_ Horizontal feet \_\_\_\_\_

**7) Are there existing storage tanks? Have you already selected tanks?**

If so, what material? \_\_\_\_\_

What size (gal.)? \_\_\_\_\_ What Quantity? \_\_\_\_\_

Would you like Water Control to select/provide a tank?  Yes  No

**8) New or existing storage tanks:**

Located indoors or outdoors?  Indoors  Outdoors

If outdoors, below or above grade?  Below Grade  Above Grade

Available space for tank (please describe): \_\_\_\_\_

**9) If reclaiming stormwater:**

Roof area from which water is to be reclaimed (sq. ft): \_\_\_\_\_ (if pitched roof, include only overall flat roof footprint)

Does any of the roof area include any vegetation (green roof) or planters?  Yes  No

**10) If reclaiming stormwater:**

Internal downpipe system

External gutter system

Other (please describe): \_\_\_\_\_

**11) Number of fixtures supplying graywater:**

Showers \_\_\_\_\_

Bathroom lavs \_\_\_\_\_

Clothes washers \_\_\_\_\_

**12) Available power supply:** Voltage \_\_\_\_\_ Phase \_\_\_\_\_

**13) Local plumbing codes:**

Uniform Plumbing Code (specify year) \_\_\_\_\_

International Plumbing Code (specify year) \_\_\_\_\_

Independent code

If UPC or IPC, are there any local amendments affecting the use of harvested stormwater or graywater? (if so, please attach)

If independent, is code based on UPC or IPC?  UPC  IPC (please attach any regulations for stormwater or graywater).

**14) 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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