



## 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. CLSI "Water For Autoclaves" (0.1 megohm-cm, for medial sterilizers)
  - b. CLSI "Reagent Water" (10 megohm-cm, for medical lab testing)
  - c. ASTM Type I (18 megohm-cm, ultrapure)
  - d. ASTM Type II (1 megohm-cm, for general chemistry)
  - e. ASTM Type III (4 megohm-cm, for general chemistry)
  - f. "Standard" HVAC grade water (15 microsiemens/cm, for humidification, etc.)
  - g. Other (please specify): \_\_\_\_\_
  
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.): \_\_\_\_\_

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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
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. If you answered yes to #16, which system controller option did you desire?  
 Option #1 – Touchscreen PLC/HMI, BMS integration, single point power   
 Option #2 – Basic controller, digital alarm outputs, single point power
20. How much space is available for treatment equipment? \_\_\_\_\_
21. Available power supply: Voltage \_\_\_\_\_ Phase \_\_\_\_\_
22. Is there a budget cost you had planned for on this equipment? \_\_\_\_\_
23. Do you want a service agreement for this equipment?  Yes  No
24. If you answered yes to #23, what is the desired contract term?  6 mos.  12 mos.  18 mos.  24 mos.
25. 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 your local representative) for processing and system selection. Email: [techsupport@watercontrolinc.com](mailto:techsupport@watercontrolinc.com)