



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:
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):

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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. Do you want a service agreement for this equipment?  Yes  No
23. If you answered yes to #22, what is the desired contract term?  6 mon  12 mon  18 mon  24 mon
24. 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)