



## High-Capacity Ultrafiltration System Sizing & Design Questionnaire

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

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

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

**1. Building Type:**

- Hospital
- Nursing Home
- Dental Clinic
- Office Building
- Apartment Complex
- Hotel/Motel
- Residential
- Other: \_\_\_\_\_

**2. Building Condition:**

- New Building/Pre-construction
- Existing
- Retrofit/Remodel
- Addition

**3. Treatment Objective:**

- Legionella Mitigation
- Brown Water Events
- Sediment Reduction
- Turbidity Reduction
- Other: \_\_\_\_\_

**4. Water Quality Information: (attach water quality report if available, or send a sample in for testing)**

Hardness: \_\_\_\_\_

Iron: \_\_\_\_\_

pH: \_\_\_\_\_

Manganese: \_\_\_\_\_

Tannins: \_\_\_\_\_

TDS: \_\_\_\_\_

**5. Incoming Water Pressure:** \_\_\_\_\_

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6. Type of Use: (multiple may apply)

Point of Entry (whole building)

Point of Entry Peak Flow Rate: \_\_\_\_\_

Flush valve fixture contribution to total peak GPM demand: \_\_\_\_\_ %

If unknown, please list number of fixtures and fixture type: \_\_\_\_\_

\_\_\_\_\_

Point of Use

Point of Use Peak Flow Rate: \_\_\_\_\_ If unknown, please describe installation and provide any model number information available: \_\_\_\_\_

\_\_\_\_\_

Hot Water Recirc

Hot Water Recirc Peak Flow Rate: \_\_\_\_\_ If unknown, what is the make and model of the recirc pump: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

7. Point-of-entry systems require a 30 second interruption of water delivery every 24 hours for membrane flushing. Additionally, quarterly membrane integrity testing (recommended) requires 25 minutes of down-time. These activities typically occur at night. Included hydropneumatic tanks may not suffice to provide water during these periods. There is also the very low possibility of a system alarm scenario which could result in longer shutdown. To contend with these situations, Water Control recommends a redundant system — or one of our temporary/emergency (filtered) System Bypass Assemblies. Bypass assemblies are sized based upon required peak flow rates in these off-hour or emergency periods. Do you require a system bypass assembly?

Yes

No

8. If yes to #7, what bypass flow rate would suffice? (Please indicate actual GPM or % of normal peak flow rate requirement)? \_\_\_\_\_

9. Where will this equipment be located? \_\_\_\_\_

10. How much space is available for installation? \_\_\_\_\_

11. System will require 120 volt power, is this available?

Yes

No

12. Any other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

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