



# Iron Bacteria Treatment Questionnaire

Customer/Company Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Water Quality:  
 Iron Level \_\_\_\_\_ ppm  
 Positive test for iron bacteria:  Yes  No  
 Manganese Level \_\_\_\_\_ ppm  
 Hardness \_\_\_\_\_ gpg
2. New Home \_\_\_\_\_ Existing Home \_\_\_\_\_
3. Existing Well?  Yes  No
4. Well Pump Brand/ Model: \_\_\_\_\_
5. Well Pump GPM/Head \_\_\_\_\_
6. Well Pump Control:  Pressure Switch  Constant Pressure Control
7. Current Well Pump Pressure Set point (or Range) \_\_\_\_\_
8. Any Existing Water Treatment Equipment? (describe) \_\_\_\_\_
9. Well Tank Currently Installed or Planned? Brand/Model \_\_\_\_\_
10. Well Tank Currently Installed or Planned? Volume (gal) \_\_\_\_\_
11. Number of Occupants in Home \_\_\_\_\_
12. Number of Bathrooms \_\_\_\_\_
13. Describe any high-water-use fixtures (e.g. whirlpool tubs, body sprays, etc.) \_\_\_\_\_
14. Describe a realistic "worst case" water usage scenario for the home (what fixtures would be running at the same time, and for how long?): \_\_\_\_\_

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15. Is there a floor drain in the mechanical space? If so, what size? \_\_\_\_\_

16. Sketch out space available for treatment equipment. Be sure to include both wall space and floor space.



17. 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)