



## 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 for all fixtures/equipment using reclaimed water \_\_\_\_\_ GPM

4. Estimated usage for all fixtures/equipment using reclaimed water \_\_\_\_\_ GPD

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

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

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

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

Water Control Corporation  
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7. Are there existing storage tanks?  Yes  No  
 If so, what material? \_\_\_\_\_ What size tank? \_\_\_\_\_ What quantity? \_\_\_\_\_
8. Would you like Water Control to select/provide a tank?  Yes  No  
 If yes, storage tank location preference:  Indoors  Outdoors  
 If outdoors, below or above grade?  Below grade  Above grade
9. Available space for storage tank (please describe): \_\_\_\_\_  
 \_\_\_\_\_
10. If reclaiming rainwater:  
 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
11. If reclaiming rainwater:  
 Internal downpipe system  
 External gutter system  
 Other (please describe): \_\_\_\_\_
12. If reclaiming graywater, number of fixtures supplying graywater:  
 Showers \_\_\_\_\_  
 Bathroom lavs \_\_\_\_\_  
 Clothes washers \_\_\_\_\_
13. Power supply available: Voltage \_\_\_\_\_ Phase \_\_\_\_\_
14. 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).
15. Do you want a service agreement for this equipment?  Yes  No
16. If you answered yes to #15, what is the desired contract term?  6 mon  12 mon  18 mon  24 mon
17. 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. Email [techsupport@watercontrolinc.com](mailto:techsupport@watercontrolinc.com)

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