



Water Treatment for Humidification Sizing & Design Questionnaire

Project Name _____

Project Location _____

Engineer/Contractor/Rep Name(s) _____

PLEASE ATTACH ANY AVAILABLE WATER TEST RESULTS (TEST SERVICES AVAILABLE)

1. Type of humidifier being installed: _____
- a. Electric Resistive (uses electric current to boil water)
 - b. Isothermal (contains gas burner/electric element/heat exchanger)
 - c. Adiabatic (wetted pad, ultrasonic, centrifugal, or high pressure sprayhead)

List manufacturer, model, and quantity: _____

2. Humidifier capacity: (list total lbs. steam/hour produced or gallons per hour of feedwater required. Include fill rate gpm and feed line size, if known)

3. Will humidifier utilize a periodic purge & refill cycle? Yes No

a. If yes, how often? _____

b. If yes, how many gallons of water to refill? _____

4. City or Well Water: City Well

a. If city water, what type of disinfectant: Chlorine , Chloramines , Other (describe): _____



5. Incoming (raw) water **Hardness** level (grains per gallon, ppm, or mg/l): _____

6. Incoming (raw) water **Iron** level (ppm or mg/l): _____

7. Incoming (raw) water **TDS** (Total Dissolved Solids ppm or mg/l): _____

8. Incoming (raw) water **Silica** level (ppm or mg/l): _____

9. Incoming (raw) water **Chloride** level (ppm or mg/l): _____

10. Incoming water **Pressure** to treatment system (PSI): _____

11. Incoming cold water **Temperature** (list coldest possible): _____

a. Is a hot water source available? Yes No

12. Please list (or attach) any water quality requirements from humidifier manufacturer (max conductivity or TDS, specific contaminant limits, etc.)

13. Minimum psi outlet pressure required from treatment system: _____

14. Do you need an ASHRAE 170-compliant recirculation loop and disinfection system? Yes No

a. Horizontal Distance (ft) _____ Vertical Distance (ft) _____

15. Do you require a packaged skid system (pre-piped, pre-wired, pre-plumbed, delivered to jobsite)? Yes No

16. If you answered yes to #15, how wide is the mechanical room door/corridor? _____

17. If you answered yes to #15, how tall is the mechanical room ceiling? _____

18. If you answered yes to #15, which system controller option do you desire*?

Option #1* – Touchscreen PLC/HMI, BMS integration, single point power

Option #2* – Basic controller, digital alarm outputs, single point power

**applies to RO/DI skid systems only (not to softening systems)*



19. Do you require Building Automation System (BAS) integration? Yes No

If Yes, which protocol? BACnet IP , BACnet MS/TP , MODbus TCP , MODbus RTU , Other _____

20. Describe space 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 (available in most territories)? Yes No

24. If you answered yes to #23, what is the desired contract term? 6 mos. , 12 mos. , 18 mos. , 24 mos.

25. If the equipment will be used to improve an existing application, please list any pre-treatment equipment currently installed (ex. Water softener, carbon filter, sediment filter, etc.)

Other comments or requests? _____

Thank you for working with WCC. 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

