



## 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: ☐ City ☐ Well
  - 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. AAMI ST-108 Water for medical device processing (0.1 megohm-cm, for medial sterilizers) ☐
  - b. CLSI "Reagent Water" (10 megohm-cm, for medical lab testing) ☐
  - c. ASTM Type I (18 megohm-cm, ultrapure) ☐
  - d. ASTM Type II (1 megohm-cm, for general chemistry) ☐
  - e. ASTM Type III (4 megohm-cm, for general chemistry) ☐
  - f. "Standard" HVAC grade water (15 microsiemens/cm, for humidification, etc.) ☐
  - g. Other (please specify): \_\_\_\_\_
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.): \_\_\_\_\_

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10. Hours of operation (when will the water be consumed): \_\_\_\_\_
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. Is there a budget cost you had planned for on this equipment? \_\_\_\_\_
23. Do you want a service agreement for this equipment? ☐ Yes ☐ No
24. If you answered yes to #23, what is the desired contract term? ☐ 6 mos. ☐ 12 mos. ☐ 18 mos. ☐ 24 mos.
25. 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: [engineering@watercontrolinc.com](mailto:engineering@watercontrolinc.com)