



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: _____

Water Control Corporation
7150 143rd Ave NW • Ramsey, MN 55303
Phone: 866-405-1268 • Fax: 763-427-5665
www.watercontrolinc.com

6. Type of Use: (multiple may apply)

☐ Point of Entry (whole building)

Point of Entry Peak Flow Rate: _____ Expected Average 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. Is there a budget cost you had planned for on this equipment? _____

13. 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: engineering@watercontrolinc.com

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