

Commercial High Purity Systems Sizing and Design Questionnaire

Project Name: _____

Project Location: _____

Engineer/Rep/Contractor/Rep Name: _____

Please attach any available water testing reports

System Information

What is the type of application? _____

- | | |
|--|---|
| <input type="checkbox"/> Medical Sterilization Equipment | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Humidification | <input type="checkbox"/> Pharmaceutical/Semiconductor manufacturing |
| <input type="checkbox"/> Other (please describe): _____ | |

City or well water? City Well

If city water, what kind of disinfectant: Chlorine Chloramines
 Other (please describe): _____

Incoming (raw) water quality levels (Grains per Gallon or mg/L hardness, iron PPM): _____

Incoming (raw) water TDS (total dissolved solids): _____ Silica: _____

Incoming water pressure (PSI): _____

Incoming water temperature: _____

Is a hot water source available? Yes No

Estimated Gallons Per Day usage for all fixtures/equipment using high-purity water (if known): _____

If Gallons Per Day is not known, please provide pertinent building high-purity water usage (# of occupants, # of cycles, gallons per cycle, etc.): _____

Hours of operation (when will the water be consumed): _____

Desired water quality:

- AAMI ST-108 Water for medical device processing (0.1 megohm-cm, for medical sterilizers)
- CLSI "Reagent Water" (10 megohm-cm, for medical lab testing)
- ASTM Type I (18 megohm-cm, ultrapure)
- ASTM Type II (1 megohm-cm, for general chemistry)
- ASTM Type III (4 megohm-cm, for general chemistry)
- "Standard" HVAC grade water (15 microsiemens/cm, for humidification, etc.)
- Other (please specify): _____

Peak delivery flow rate (GPM) required at outlets (if known): _____

If peak flow rate is not known, please list all fixtures/equipment (and quantities) to receive high-purity water:

Distance to the furthest fixture on high-purity water distribution system:

Vertical feet: _____ Horizontal feet: _____

Minimum pressure (PSI) required at furthest fixture: _____

Do you require a recirculation system? Yes No

Do you require a packaged skid system (pre-piped, pre-wired, pre-plumbed, delivered to jobsite)?

Yes No

If yes, how wide is the mechanical room door/corridor? _____

If yes, how tall is the mechanical room ceiling? _____

If yes, 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

How much space is available for treatment equipment? _____

Available power supply:

Voltage: _____ Phase: _____

Is there a budget cost you had planned for on this equipment? _____

Do you want a service agreement for this equipment? Yes No

If yes, what is the desired contract term? 6 mos 12 mos 18 mos 24 mos

Other comments or requests:

Submitting this Questionnaire

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