

RW Series Water Reclamation Systems Sizing and Design Questionnaire

Project Name: _____

Project Location: _____

Engineer/Rep/Contractor/Rep Name: _____

System Information

Source(s) of water to be reclaimed:

- | | |
|--|---|
| <input type="checkbox"/> Rainwater | <input type="checkbox"/> Pool backwash |
| <input type="checkbox"/> Condensate | <input type="checkbox"/> Graywater (showers, bathroom lavs, washing machines) |
| <input type="checkbox"/> Drain tile system | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Softener backwash | |

Intended use(s) for reclaimed water:

- | | |
|--|--|
| <input type="checkbox"/> Irrigation (spray heads) | <input type="checkbox"/> Nursery irrigation |
| <input type="checkbox"/> Irrigation (sub-surface drip) | <input type="checkbox"/> Fire tanker filling |
| <input type="checkbox"/> Cooling tower make-up | <input type="checkbox"/> Backup fire system |
| <input type="checkbox"/> Fixture flushing | <input type="checkbox"/> Industrial process |
| <input type="checkbox"/> Vehicle washing | <input type="checkbox"/> Other (please specify): _____ |

Peak flow rate for all fixtures/equipment using reclaimed water: _____ GPM

Estimated usage for all fixtures/equipment using reclaimed water: _____ GPD

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

Vertical feet (rise only): _____ Horizontal feet: _____

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

Vertical feet (rise only): _____ Horizontal feet: _____

Are there existing storage tanks? Yes No

If so, what material? _____ What size? _____ What quantity? _____

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

Available space for storage tank (please describe): _____

If reclaiming rainwater:

Roof area from which water is to be reclaimed (if pitched, include only overall flat roof footprint):

_____ sq. ft.

Does any of the roof area include any vegetation (green roof) or planters? Yes No

Please check all that apply:

- Internal downpipe system
- External gutter system
- Other (please describe) _____

If reclaiming graywater, please provide number of fixtures supplying graywater:

Showers: _____

Bathroom lavs: _____

Clothes washers: _____

Power supply available:

Voltage: _____ Phase: _____

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

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

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

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