Aqua Science

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Customer Water Questionnaire

Name:		**Sample Date & Time :**	
Address :		**Sample Point (i.e. Pressure Tank, Kitchen Sink etc.)**	
City :			
State :	**Zip :**	**E-mail:**	
Phone (H):	**(W) :**	**Cell :**	**Fax :**

**** For proper sizing of equipment, Please answer all questions to the best of your ability ****

1. What is the Source of Your Water ?
☐ Well ☐ City ☐ Other

2. Type of Well
☐ Deep ☐ Shallow ☐ Other

3. Surrounding Area
☐ City ☐ Rural ☐ Industrial ☐ Other

4. Type of Pump
☐ Jet ☐ Submersible ☐ Other

5. What is the Color of Your Water ?
☐ Cloudy ☐ Rusty ☐ Clear ☐ Other

6. Any Staining on Your fixtures ?
☐ Blue / Green ☐ Brown ☐ Black ☐ Other

7. Any Odor ?
☐ No Odor ☐ Rotten Egg ☐ Metallic ☐ Other

8. Has Your Well ever run out of Water ?
☐ Yes ☐ No

9. Are you currently using a System ?
☐ Yes ☐ No
Type of System:

10. Do you Buy Bottled Water ? ☐ Yes ☐ No

11. Does Your Water Seem Hard ?
☐ Yes ☐ No

12. How would you rate your Water Pressure ?
☐ Fair ☐ Good ☐ Excellent

13. Do you Have a Sprinkler System ?
☐ Yes ☐ No

14. Do you Have a Pool ?
☐ Yes ☐ No

15. How many people live in the house ?

16. How many Bathrooms do you have ?

17. Size of your house (Sq.ft.)
☐ 1-1500 ☐ 1500-2500 ☐ 2500-3500 ☐ 3500-4500 ☐ Above 4500

18. Basement
☐ Finished ☐ Unfinished ☐ Crawl Space

19. Well Pipe Dimension
☐ 4" ☐ 5" ☐ 6" ☐ PVC ☐ STEEL

20. Pipe Style in house
☐ Copper ☐ PVC ☐ CPVC ☐ Pex

21. Pipe Size in house
☐ 1/2 ☐ 3/4 ☐ 1 ☐ 1 1/4 ☐ 1 1/2

22. Drain
☐ 2" ☐ 3" ☐ 4"

23. How old is the House?

**** NOTE: PLEASE FILL OUT THE QUESTIONNAIRE AND AFFIX THE ENCLOSED LABEL OVER EXISTING LABEL, MAKING SURE THE ENTIRE AREA INCLUDING POSTAGE IS COVERED ****

PLEASE SECURE END CAP WITH TAPE BEFORE MAILING

How do you want your test results to be conveyed?
☐ E-Mail ☐ US Mail ☐ Phone ☐ Fax

Do you want your quotation to include
☐ Installation Charges ☐ Equipment Only

Guidelines for collecting the sample:

1. Allow Cold Water tap to run for approximately five minutes and fill the enclosed bottle.
2. If you have an existing filtration system, put the system in by-pass and collect sample at Kitchen Sink after running cold water tap for approximately five minutes. If it is not possible to by-pass the system, take the water sample from the Pressure Tank and fill up the enclosed bottle.

3. If you have an existing filtration system and would like to know if the system is working properly, do not put the system in by-pass. Collect sample from Kitchen Sink after running cold water for approximately five minutes.

For Official Use Only **Please allow 7-10 days for test results**

	PH	TDS	Hardness	Iron	Iron Bacteria	MN	Copper	Nitrate	Sulfide	Tannin
Test Results :										