Great Lakes Green Products

WATER ANALYSIS FORM

FOR RESIDENTIAL AND COMMERCIAL APPLICATIONS (see back)

Report Number:

RETURN TO: **Great Lakes Green Products**
10123 Bergin Rd.
Howell, MI 48843
Phone: (248) 847-5150
Email: customercare@greatlakesgreenproducts.com

- Please complete entire form, including distributor information, for proper sizing equipment.
- **Health related contaminants i.e. microbiological (bacteria, cysts), chemical, lead or arsenic tests are not performed. Consult a State-Certified lab for testing health-related issues.**
- Water analysis is performed on hardness, iron, manganese, TDS, pH, tannin, turbidity and (optionally) copper or silica for recommending water treatment.
- GLGP is not responsible for recommendations based upon inaccurate information.

RETAILER: Contact _____
Name _____
Address _____
City _____ State____ Zip _____
Phone ( ) _____ Fax ( ) _____
Email Address: _____

DEALER/CONTRACTOR: Contact _____
Name _____
Address _____
City _____ State____ Zip _____
Phone ( ) _____ Fax ( ) _____
Email Address: _____

Customer Name: _____
Address _____
City _____ State____ Zip _____
Phone ( ) _____ Fax ( ) _____
Email Address: _____

HOW TO DRAW A SAMPLE:
Use outlet nearest pump (not from bottom of pressure tank). Run water for 5 minutes, then fill CLEAN bottle to neck and cap immediately. Never use hot water. Return bottle with this completed form.

HOW TO MEASURE PUMPING RATE OF PUMP:

1. Make certain no water is being drawn. Open spigot nearest pressure tank. When pump starts, close spigot and measure time (in seconds) to refill pressure tank. This is cycle time.
2. Using a container of known volume, draw water and measure volume in gallons until pump starts again. This is drawn-down. Divide this figure by cycle time from step 1 and multiply result by 60 to arrive at pumping rate in gallons. Insert figure in Sec. 3.

_____ Gals. ÷ _____ Secs. X 60 = _____ gpm
Draw-down **Cycle Time**

EXAMPLE: Cycle time is 65 secs., draw-down is 6 gals., then, pumping equals: 6 gals. 65 secs. X 60 = 5.5 gpm

1. WATER SOURCE

Municipal / City or area-wide authority, community well:
Reservoir Lake Wells River Unknown
Community water system
(small water system usually supplying 12 homes or fewer)
Water comes from: Well Lake Reservoir River
Private Well Private lake or pond
Private spring Private cistern
Other - describe _____

2. HOUSEHOLD INFORMATION

Do you currently have water conditioning equipment?
No Yes: Type _____ Size _____
Sizing information:
No. persons _____ No. bathrooms _____
Lawn irrigation on system
Swimming pool Capacity _____ gals.
Geothermal heating/cooling - gpm required _____
High flow fixtures (i.e. multi-head showers) _____
Equipment type/size:
_____
_____
_____

3. WATER SYSTEM

Pumping rate of pump_____gpm (see instructions "How to measure pumping rate.")
Type of Well Pump: Submerisble Jet Other _____
Operating pressure (Low/High)_____/_____psi
Service Pipe size:_____in.
Type of Pipe: Plastic Copper Other _____

4. WATER PROBLEMS

When this water sample was drawn, it was:
Clear Colored Cloudy
Is this water sample: Untreated Treated (see sec. 2)
PROBLEMS:
Hardness (high soap usage, bathtub ring, lime deposits, etc.)
Iron deposits - If yes, is iron build-up in flush tank:
Stringy (Iron bacteria) Greasy
Color of water - describe _____
Greenish/bluish stains on sinks, tubs, etc.
Pitting of fixtures and/or pipes
Sand Silt Sediment (settles) Cloudiness (floats)
Bad taste: Metallic Chlorine Bitter Salty
Other - describe _____
Bad odor: Rotten Egg* Musty Metallic Chlorine
On-site sulfur test (if rotten egg) ppm
**Sulfur test must be completed on site.*
Other problems - describe_____

BUSINESS / COMMERCIAL WATER ANALYSIS INFORMATION FORM

NOTE: Complete section 4 (Water Problems), and Customer, Dealer, Distributor information on the front side of this form. Do not complete Sections 1, 2, and 3 on front side. Complete the following information. Additional information may be required based on application.

1. WATER SOURCE

Municipal/Community Private Well Lake Pond

2. WATER USAGE

Usage _____ gals. per Month Week Day

Other _____ Usage not known

Usage figure based on: Meter Reading

Estimate based on _____

Water is used _____ Hours/Day and _____ Days/Week.

Is system expansion planned for future? Yes No

3. WATER SYSTEM

Pump Type _____ Pumping Rate _____ gpm

Pipe Sizes: Well to pressure tank _____ in. Service _____ in.

Pressure Tank: Bladder_____ Air/Water_____ Cap. _____gal.

Operating Pressures: Low _____ psi High _____ psi

Type of Pipe: Plastic Copper Other _____

4. EQUIPMENT

New Installation Replacement of _____

Addition to existing _____

Type of equipment desired:

Softener Filter Other

Recommendation by factory requested

Meter(s) regeneration or Time Clock regeneration

Available space: Length _____ x Width _____ x Height _____

Door Size _____

Treating: Hot Water Only or Hot and Cold Water

5. APPLICATION

(Locate appropriate application to complete form, include additional information under remarks.)

APARTMENT BUILDING*: No. apartments_____

Laundry facilities: Central Individual None

Number of washers _____ Capacity (in lbs.) _____

BEAUTY SALON, BARBER SHOP: No. Stations _____

CAR WASH: Automatic Wand Type No. Bays _____

gpm Required _____

CHURCH*: Maximum Daily Attendance _____

COUNTRY CLUB: No. members _____ No. showers _____

FACTORY (NO PROCESS WATER)*: No. employees _____

FACTORY (INCLUDING PROCESS WATER)*:

No. employees _____

Gals. per day usage of process water _____

FARM: Cattle, dairy Cattle, beef Hogs

Horses Sheep Chickens Turkeys

Ducks No. head _____

HOUSING DEVELOPMENT: No. wells _____ No. homes _____

HOTEL*: No. rooms _____ Restaurant Laundry

REST HOME*: No. beds _____ Cafeteria Laundry

LAUNDRY*: Coin-operated Commercial

No. washers _____ Capacity (in lbs.) _____

MOTEL*: No. units _____ Restaurant Laundry

OFFICE BUILDING*: No. employees _____

RESTAURANT*: Seating Cap. _____

Type: Luxury Family Cafeteria Fast food

Ethnic: (pizza, etc.) _____

RETAIL STORE*: No. toilets _____

SCHOOL*: Elementary Middle High School

No. students _____

STEAM BOILER: Condensate return, make-up

No condensate return _____ No. horsepower _____

TAVERN*: Seating Capacity _____

TRAILER PARK: Total Lots _____

Central Laundry - Number of Washers _____

UNIVERSITY*: Dormitory No. of students _____

For other applications, explain under REMARKS.

IRRIGATION: No zones _____ gpm/Zone _____

GEOTHERMAL SYSTEMS: Heating and Air Conditioning

A/C only Heating only gpm _____

OTHER: _____

*6. GENERAL FIXTURE LIST:

Indicate the quantity of each fixture below.

_____ Urinals _____ Tank Type Toilets _____ Flush Valve Toilets

_____ Lavatories _____ Showers _____ Kitchen Sinks

_____ Other Fixtures

REMARKS

_____

_____

_____

_____