



3467 Astrozon Ct.- Colorado Springs, CO 80910
 Text: 719-359-2187 Email: info@h2opure.com

Application Survey

Applicant: _____	Date: _____
Contact/ Address: _____	

Telephone: _____	Prepared By: _____
Fax No.: _____	Title: _____

Application Is For: Please check the classification which best describes your application. A description may be added to clarify your application requirements.

___ Municipal	Description: _____
___ Industrial	Description: _____
___ Commercial	Description: _____
___ Other	Description: _____

Water Requirements: Enter data describing how much water you will need, flow rates desired, and required distribution water quality.

	CURRENT	PROJECTED
1. Average gallons per day (24 hrs):	_____	_____
2. Peak gallons per day (24 hrs):	_____	_____
3. Maximum flowrate (gallons per minute):	_____	_____
4. System pressure at maximum flowrate:	_____	_____
5. Peak demand ___ GPM ___ HRS	_____	_____

Water Storage Capacity: Check which best describes your existing water storage system. Please enter data describing its capacity in the space provided.

___ Water Tower:	Gallons: _____
___ Ground Tank:	Gallons: _____

Facilities- Building Description: Check which best describes your existing facility.

Check here if a new building is to be constructed or a new addition is planned.

Check here if the existing facility will be utilized. Please describe space available for installation.

Available floor space: Width: _____ Length: _____ Height: _____

Entrance size limits: _____

Water Supply Information: Enter data describing your water source, its temperature range, the plumbing connections, and line pressure of the feed water system.

1. Water Source (please check one.) Well Surface
2. Name of aquifer/ surface source: _____
3. Number of wells: _____
4. Temperature maximum: _____ °F Duration: _____ Months
5. Temperature minimum: _____ °F Duration: _____ Months
6. Line size to treatment facility: _____ Pressure: _____ PS1

Drainage- Sewer System: Check which best describes your existing drainage or sewer system. If you do not have any existing system check none.

Drain Field Current System Capacity: _____ Size _____ GPM

City Sewer

Storm Sewer

Is it okay to drain RO reject into existing drainage system? yes no

None

Electrical Capacity Available: Enter data describing the electrical system at the water treatment installation site.

VOLTAGE	PHASE	HERTZ	AMPERAGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please email application survey to info@h2opure.com.