

**Community Water Systems Questionnaire**

Customer Name:	
Company Name:	
Project Reference:	
Phone:	
E-mail:	

1. What is your daily water consumption (gal/day or L/day)?
2. What is your peak water consumption (gal/min or L/min)?
3. What is the source of your water (Ground or Surface)?
4. Please include the most recent analysis of the water.
5. How many houses are serviced by the system?
6. What is the distance to the furthest service (km or miles)?
7. Please provide a sketch of the present hydraulic layout, including the elevations, capacity of any reservoir or dam, and the space available for the water treatment equipment.
8. What Electrical Power is available? (Standard Link – Voltage and Phases? / Local Generator – Voltage Amps Phases?)
9. Is there a room or building to installed ozone equipment within? Is so, please describe.
10. What is your current treatment (None / Chlorine (ppm?) / Filtration (kind?) )
11. What is your dominant water problem: Turbidity, Bacteria, Giardia, Color, Taste/odor, Iron/Mn or other?

