



## WHOLE HOUSE WATER FILTRATION QUESTIONNAIRE

Please fill out this form and fax it to **(718) 369-2866** so we can design a system that will be the most effective to reduce your water contamination.

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
REFERRED BY: \_\_\_\_\_

### NUMBER OF PEOPLE IN THE FAMILY?

### NUMBER OF KITCHENS?

- HOW MANY SINKS IN THE KITCHEN?
- SINGLE OR DOUBLE SINKS?
- WHAT IS THE COUNTER TOP MATERIAL? (ex: granite, formica, etc.)
- WHAT TYPE OF SINK? (ex.: stainless steel, porcelain, drop in sink, etc.)
- HOW MANY FIXTURES ARE IN THE SINK?
- (ex.: center faucet, sprayer, soap dispenser, etc.)
- IS THERE AN INSTANT HOT-COLD DISPENSER ON SINK?
- DO YOU HAVE A GARBAGE DISPOSAL UNIT?

### NUMBER OF BATHROOMS?

- NUMBER OF SHOWERS IN USE AT THE SAME TIME?

### SIZE OF THE MAIN WATER PIPE? (3/4", 1", 1 1/2")

### IS SOURCE OF WATER MUNICIPAL OR WELL?

IF WELL WATER, ANSWER THE FOLLOWING:

- HOW DEEP IS THE WELL?
- IS THE WELL CHLORINATED?
- WHAT IS THE PUMP PRESSURE?
- HAS YOUR WELL BEEN TESTED? SUPPLY ANY TEST RESULTS.

### DO YOU HAVE RED OR BROWN STAINS (RUST) ON ANY SINKS OR FIXTURES?

### DO YOU HAVE ANY WHITE SCALE MATERIAL ON FIXTURES OR POTS?

### DO YOU KNOW IF YOU HAVE BACTERIA OR PARASITES IN YOUR WATER?

### WHAT IS THE LINE PRESSURE COMING INTO YOUR HOUSE?

### ARE THERE ANY OBJECTIONABLE ODORS OR TASTES IN YOUR WATER?

(such as rotten egg smell)

### DO YOU HAVE A BASEMENT?

IF YES, ANSWER THE FOLLOWING:

- WHAT IS THE HEIGHT OF THE CEILING?
- IS THE MAIN PIPE ACCESSIBLE IN THE BASEMENT?

### DO YOU HAVE A SPRINKLER SYSTEM?

IF YES, ANSWER THE FOLLOWING:

- DO YOU HAVE CHECK VALVE OR BACK FLOW VALVE?
- IS THE MAIN PIPE ACCESSIBLE AFTER IT EXITS THE CHECK VALVE?