Industry Leader in Water Treatment Since 1983™

MEMBRANE SYSTEM DESIGN QUESTIONNAIRE

Date: _____

1. **COMPANY:** _____
2. **CONTACT/EMAIL/PHONE:** _____
3. **Please provide a copy of any job specifications.**

FEED WATER		FACILITIES		PRODUCT WATER	
Source		**Space**		**Flow Required (GPD; M3/H)**	
Flow / Flow Limit?		Units		**Operating hours/day**	
Temp. range* (low/mid/high)		Length		**Quality Required** (In TDS, Conductivity or Resistivity)	
Pressure		Width		TDS	
Quality Fluctuations?		Height		Conductivity	
New system or replacing old?		Access Door		Resistivity	
Feed Analysis (Complete below or attach a copy)		**Power**		pH	
		Volts		Specific Parameter	
Units are as: PPM Ion _____ PPM Calcium Carbonate _____		Phase		**Application**	
		Cycles (Hz)			
		Max. Amps			
pH		**Location**			
Calcium					
Magnesium		Indoor			
Sodium		Outdoor			
Potassium		Ambient Temp.			
Iron		Max. Temp.		System in Container?	
Manganese		Min. Temp.		Proposal Date?	
Bicarbonate		Altitude		Installation Date?	
Sulfate		**Additional Information**			
Silica					
Chloride					
Nitrate					
Boron					
Other					
TDS (PPM)					
Conductivity (µMHOS/CM)					
Color					
Turbidity (NTU)					
BOD					
COD					
TOC					
Total Suspended Solids					

* Temperature range accuracy is important to minimize equipment cost.

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