

Worksheet SIZING FOR COMMERCIAL UNITS

DATE _____

CUSTOMER & JOB REFERENCE NAME _____

ADDRESS _____

CONTACT PERSON _____

TELEPHONE _____

EMAIL _____

REQUESTED BY _____

TELEPHONE _____

EMAIL _____

A. WATER TO BE USED FOR (CHECK APPROPRIATE BOX)

- School Restaurant Motel Boiler
 RO Laundry Dishwasher
 Other: _____

B. OPERATION Hours per day _____ Days per week _____

C. WATER REQUIREMENTS

- a) Constant Flow Rate _____ gpm Peak Flow _____ gpm
b) Daily Usage/24 Hour _____ gal Days Per Week – 5, 6, 7 _____ ?
c) Usage Determined by Fixture Count? Flow Meter? Water Bill?
d) Total Water? Yes No Hot Feed Only? Yes No
Est. Gallon Hot Per Day? _____ Other: _____

D. WATER QUALITY REQUIRED

Permissible Hardness Leakage _____ ppm

E. INFLUENT WATER

- a) Source: Municipal Private Well Both
b) Composition: Total Hardness _____ gpg Color _____
Ca + Mg _____ Turbidity _____ Iron _____ ppm
pH _____ H2S _____ ppm T.D.S. _____ ppm
Other: _____

F. FACILITIES

Supply Pipe Size _____ Inches Operating Pressure _____ to _____ psi
Pump Capacity _____ gpm Motor _____ hp
Flowing Pressure _____ Static Pressure _____
Drain Line Sump _____ Gravity Drain Line Size _____
Minimum Pressure Allowed After Unit _____ psi

G. INSTALLATION DETAILS OR LIMITATIONS

Available Floor Space _____ FT. _____ IN. Length
_____ FT. _____ IN. Width
_____ FT. _____ IN. Ceiling/Over Head Pipe Height

Floor Type _____

Weight Versus Floor Support _____

H. INSTALLATION DETAILS OR LIMITATIONS

Door Openings _____

Stairways _____

Remote Brine Tank Location _____

Any Other Unusual Installation Requirements _____

I. EXISTING EQUIPMENT AT THIS PROSPECT?

Tank Size: _____ FT. _____ IN. Diameter
_____ FT. _____ IN. Height

Valve Size _____ " Type Dia Valve Nest Side Mount

In/Out Pipe Size _____ Capacity _____ Cu. Ft. Resin

Make _____ Model # _____

Approx. age _____ Skid Mounted Yes No Req?

J. SEND DIGITAL PHOTOS TO RHOFFMAN@NELSENCORP.COM

K. NOTES: _____

