



## Problem Water & Home Specific Checklist

This question and answer checklist is **very critical & must be filled out completely** and returned to your Supply House or Nugen Pure Water System, Inc. prior to ordering any “problem water” treatment equipment. A current complete Water Analysis must be attached to this form.

“Problem Water” treatment systems include, but are not limited to, Iron Exstream- Iron removal units. **No Iron Exstream units will be sold or supplied without first having this completed checklist & current Water Analysis returned to Nugen Pure Water Systems, Inc.**  
 Nugen Pure Water Systems, Inc. will recommend specific equipment to treat each specific homes water needs.

**Company Name & Contact info:** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Job Name & Location:** \_\_\_\_\_

### Checklist:

**\*Please check or circle & fill in the blanks\***

- Well Water or City Water Supply: \_\_\_\_\_
- Chlorinated water or Non-chlorinated water: \_\_\_\_\_
- Do you have a water analysis: **Yes** or **NO**
- If you have a water analysis, how old is it: \_\_\_\_\_
- If you have the water analysis, please attached to this sheet.
- If you do not have a water analysis, please have it done and attach to this sheet
- Size and number of pressure tanks: \_\_\_\_\_
- How many **GPM** does the well produce: \_\_\_\_\_ **gpm**
- How many **GPM** does the well pump produce: \_\_\_\_\_ **gpm**
- Pressure switch settings: **Cut in PSI:** \_\_\_\_\_ / **Cut off PSI:** \_\_\_\_\_
- Water line size/Loop size: \_\_\_\_\_
- How many feet from a drain will the water treatment equipment be placed: \_\_\_\_\_
- How many bathrooms in the home: \_\_\_\_\_
- How many people occupying the home: \_\_\_\_\_
- Maximum GPM needed: \_\_\_\_\_
- What type of piping is in the home: **Copper** \_\_\_\_\_ **Pex** \_\_\_\_\_ **Galv** \_\_\_\_\_ **CPVC** \_\_\_\_\_ **Other** \_\_\_\_\_
- Space available for water treatment: **L”xW”xH”**: **Length”** \_\_\_\_\_ **Width”** \_\_\_\_\_ **Height”** \_\_\_\_\_
- Is there any existing water treatment equipment in the home: **Yes** or **No**
- If there is existing water treatment equipment in the home, please specify:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Does the quality of water fluctuate seasonally? \_\_\_\_\_
- **\*Water Appearance & water complaints\***
- **Staining: Yes** or **No**. If Yes what color \_\_\_\_\_
- Does the water smell or have an Odor, **Yes** or **No**. If Yes specify: \_\_\_\_\_
- Is there Sand, Silt & Sediment present in the water: **Yes** or **No**. **If Yes please specify amounts:** \_\_\_\_\_  
 \_\_\_\_\_
- **Any other comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*Please return this completed form & water analysis to your Supply House\*\*\*