



Water Survey Form

Date: _____

HOMEOWNER INFORMATION*			
First Name:	Last Name:	Water Type: <input type="checkbox"/> City water <input type="checkbox"/> Private well water	
Address 1:		Address 2:	
City:		State:	Zip:
Phone:	Email:	Email Opt-In: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEALER INFORMATION			
Dealer ID:	Lead Origin: <input type="checkbox"/> EW <input type="checkbox"/> Dealer	Rep. ID:	EW Sales Follow-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY REASON FOR CALL			
<input type="checkbox"/> Hard water	<input type="checkbox"/> Scale deposits	<input type="checkbox"/> Bacteria concerns	<input type="checkbox"/> Acidity
<input type="checkbox"/> Salt/sodium concerns	<input type="checkbox"/> Chlorine/chloramine	<input type="checkbox"/> Water odor	<input type="checkbox"/> Appliance protection
<input type="checkbox"/> Contaminants in bathing water	<input type="checkbox"/> Iron staining	<input type="checkbox"/> Contaminants in drinking water	<input type="checkbox"/> Other _____

EQUIPMENT SURVEY		
Power: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Space Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pipe Size (conditioner): <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 2"+		
Pipe Size (tank): <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/4" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 2"+		
Pipe Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized		
How does homeowner heat water?		Water Heater Age: ___yrs
<input type="checkbox"/> Gas tank water heater	<input type="checkbox"/> Gas tankless water heater	
<input type="checkbox"/> Electric tank water heater	<input type="checkbox"/> Electric tankless water heater	
<input type="checkbox"/> Boiler setup 1	<input type="checkbox"/> Boiler setup 2	
<input type="checkbox"/> Solar Heating (call tech support)		
Geothermal (open loop): <input type="checkbox"/> Yes <input type="checkbox"/> No	Hot Water Recirc Loop: <input type="checkbox"/> Yes <input type="checkbox"/> No	Irrigation System: <input type="checkbox"/> Yes <input type="checkbox"/> No

WATER TESTS	
All Water:	If Private Well Water:
Hardness _____ gpg	Iron _____ ppm
TDS _____ ppm	H ₂ S _____ ppm
pH _____	Manganese _____ ppm
Turbidity: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tannins _____ ppm
	Sum of 4 above = _____ ppm
Pressure Switch: <input type="checkbox"/> 20/40 <input type="checkbox"/> 30/50 <input type="checkbox"/> 40/60	
Flow Rate Gauge: _____ psi _____ gpm	

CURRENT WHOLE-HOUSE TREATMENT?	
<input type="checkbox"/> Softener Age: ___yrs	<input type="checkbox"/> UV
<input type="checkbox"/> Sediment filter	<input type="checkbox"/> Whole-house RO
<input type="checkbox"/> Carbon backwashable tank	<input type="checkbox"/> Iron cartridges
<input type="checkbox"/> Carbon cartridges	<input type="checkbox"/> Iron Green Sand/Pot perm filter
<input type="checkbox"/> Acid water neutralizer	<input type="checkbox"/> Other _____

WATER SOFTENER QUESTIONS	
Is sink water softened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outdoor hose bibs softened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they like slick feeling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concern with spotting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salt/sodium concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why?	<input type="checkbox"/> Environment <input type="checkbox"/> Hassles <input type="checkbox"/> Health
Backwash into septic tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME QUESTIONS	
Age of Home: <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 11-20 yrs <input type="checkbox"/> 20+ yrs	
# of Bathrooms: _____	# of People in Home: _____
What water do they drink?	
<input type="checkbox"/> Tap water	<input type="checkbox"/> Refrigerator or sink carbon filter
<input type="checkbox"/> Softened tap water	<input type="checkbox"/> R/O water w/o minerals added
<input type="checkbox"/> Pitcher type filter	<input type="checkbox"/> R/O water w/ minerals added
<input type="checkbox"/> Bottled water	<input type="checkbox"/> Water cooler water
<input type="checkbox"/> Distilled	<input type="checkbox"/> Alkaline water system

NOTES

* By providing your contact information, you grant permission to the dealer and EasyWater to contact you regarding follow-up, products, and important information about what's in the water.