# **Residential Water Analysis and Information**

#### **RETURN FORM AND WATER SAMPLE TO:**

Walter Morris Company 77 Green Street, Foxboro MA 02035 800-888-1922

Form may be filled out digitally and emailed to: customerservice@morrismerchants.com



Please complete entire form, including wholesaler information, for proper sizing of equipment. The more information that is provided will allow for more accurate product recommendations.

Water analysis is performed on hardness, iron, TDS, pH, and manganese for recommending water treatment.

IMPORTANT: Health related contaminants, for example; microbiological (bacteria, cvsts), chemical, lead tests are not performed. Consult a Ste-Certified lab for testing health related issues.

Email addresses are REQUIRED. Water analysis report and product recommendation will only be delivered via email.

NOTE: Walter Morris Company is not responsible for recommendations based on inaccurate information.

### WHOLESALER (REQUIRED)

| Business Name   |           |
|-----------------|-----------|
| Contact Name    |           |
| Mailing Address |           |
| City            | State Zip |
| Phone           | Extension |
| Email           |           |
| Date            |           |

## INSTALLER

| Business Name   |           |
|-----------------|-----------|
| Contact Name    |           |
| Mailing Address |           |
|                 | State Zip |
| Phone           | Extension |
| Email           |           |
| Date            |           |

State \_\_\_\_ Zip \_\_\_\_\_

# HOMEOWNER

| Name            |             |     |
|-----------------|-------------|-----|
| Mailing Address |             |     |
| City            | State       | Zip |
| Phone           | _ Extension |     |
| Email           |             |     |

IMPORTANT: In order to provide a proper sample of water and the most accurate pumping rate measurement, it is important to follow the instructions provided.

#### **HOW TO DRAW SAMPLE:**

Use outlet nearest pump (not from bottom of pressure tank). Never use hot water.

- Run cold water for 2min
- 2 Fill Clean sample bottle
- 3 Cap and Return with Form

#### REPORT NUMBER:

#### WATER SOURCE (please check one)

Water comes from: 
Municipal Water 
Well Water

| Other |
|-------|
|-------|

#### WELL TYPE

| Pump Type:   | Pumping Rate | gpm  |
|--------------|--------------|------|
| 1 unip 1ypc. |              | gpin |

## HOUSEHOLD INFORMATION

Do you currently have water conditioning equipment?

| 🗋 No 🔲 Yes                                   |                               |     |
|--|-------------------------------|-----|
| Туре:  | Size                          |     |
| Model #                                      | Brand                         |     |
| Single-family DMulti-family                  |                               |     |
| No. Units No. Persons _                      | No. Bathrooms                 |     |
| 🗋 Dishwasher 🔲 Washer 🔲 L                    | awn irrigation on system      |     |
| 🔲 Indoor pool 🔲 Outdoor pool                 | capacity g                    | jal |
| Geothermal heating/cooling (                 | (required) gp                 | m   |
| 🗋 High flow fixtures: 🔲 Jacuzz               | ri tubs 🔲 Body sprayers       |     |
| Other water using appliances                 | 8                             |     |
| Type of pipe: 🔲 Plastic 🔲 Cop                | oper 🔲 Other                  |     |
| WATER PROBLEMS                               |                               |     |
| Hardness (bathtub ring, lime deposits, etc.) |                               |     |
| Iron deposits                                |                               |     |
| Color of water                               |                               |     |
| Brown/yellow/greenish/bluish                 | n stains on sinks, tubs, etc. |     |
| Pitting on fixtures and/or pipe              | 25                            |     |
| 🔲 Sand (visible particles) 🔲 Se              | ediment or silt (cloudy)      |     |
| 🗋 Bad taste: 🔲 Iron 🔲 Bitter                 | Salty Chlorine                |     |
| Other (describe)                             |                               |     |
| 🗋 Bad Odor: 🔲 Rotten Egg 🗌                   |                               |     |
| Other problems (describe)                    |                               |     |

Walter Morris Company form: RSS-001

Date