

## **Site Information Form**

Company Name & Address:					
		Contact:			
		Date:			
	Phone: Fax/email:				
	_	Site name:			
Please provide as much informatio upon the accuracy of our dep			deposit control techn	ology is dependent	
General System and Water Quality	Data:				
System Flow Rate		Water Tempe	erature		
Total Iron		Dissolved Iron			
Total Hardness		Total Alkalinity			
pH		TDS or Conductivity			
Discharge to (Check one):	□РОТW [	Surface Water	Groundwater	☐Drinking Water	
Treatment Process Units (Check al	l that apply. If poss	sible, provide proc	eess diagram):		
Oil/Water Separator	☐ Air Stripper ☐ Activated Carbon (Liquid Phase)				
UV Oxidation	Filtration Other:				
Metals Removal (Please Spec	cify):				
Microbiological Data: If you suspetesting and results.	ect microbiological	growth, and have	done any testing, plea	ase describe type of	
Observations of Deposit: If you or might describe the deposit its  hard scale gran	r your staff have ob self. nular or flaky, but lo		ccurring at this site, co	ircle any terms that	
☐red ☐orange	•	_	☐tan ☐pink	opaque	
		Jwince		<u> </u>	
Additional Comments:					