



FLORIDA WATER SERVICE

Commercial Water Analysis

BUSINESS CONTACT SECTION

Name of business: _____

Business address: _____

City: _____ State: _____ Zip: _____

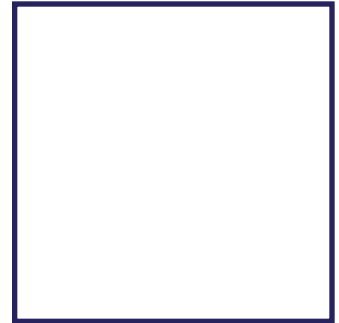
Business phone: _____ fax: _____

website: _____

Business POC: _____

POC phone: _____

POC email: _____



business logo

Billing address: _____

Billing phone: _____ fax: _____

City: _____ State: _____ Zip: _____

WATER ANALYSIS SECTION

Date of analysis: _____ Tech name: _____ Test site: _____

Type of business:

HOTEL	SCHOOL	RESTAURANT	LAUNDRY	HOSPITAL	STORE
SPORTS	APARTMENT	CONDOS	OFFICES	GYM	WAREHOUSE
CAR-WASH	GOVERNMENT	VEHICLES	THEATER	OTHER: _____	

Estimated GPD Usage: _____ Estimated sq.ft. _____ Smallest incoming pipe diameter: _____

pipe material _____ drain size: _____ best time to access water? _____

hot water only? yes no down-time available for backwashing? yes no number of units needed: _____

SOURCE: CITY WELL Loop at each site? yes no _____ electric at each site? yes no

hardness: _____ Est. unit reserve needed (if any): _____ extra tools needed? yes no

chlorine: _____ Primary site(s) location: inside outside

sulfur: _____ BUILDING DOWN TIME? yes no _____ time: _____

iron: _____ NOTES: _____

pH: _____

TDS: _____

tannins: _____

sediment: _____

T. coliforms: _____