

Questionary W.E.T.building

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Project: Address:

Contact person: Phone: Fax: Email

General:

The plant will serve for sterilisation removal of turbidity filtration of particles of:

water out of the drinking water network

We would ask you please to let us have a water analysis, if available.

well water

others

Has there been growth of germs already? Yes No Which type:

Does sterilisation already exist?

UV system dosing system others make/type:

Situation of Installation

Available service pressure

Is a pressure reducer available? Yes No

..... bar min.

..... bar primary pressure

..... bar max.

..... bar secondary pressure

Is a pipe disconnecter available? Yes No make/type:

Is a fine filter available? Yes No make/type:

Diameter of the drinking water pipe (e.g.. 1" or DN 20)

Is a sewage connection (drainage pit) available nearby? Yes No

Dimensioning

Flow rate m³/year

Which maximum required water quantity is to be calculated? l/sm³/h

Description:

.....
.....(e.g. max. 10 showers at the same time)

Piping

Does the pipeline network need to be disinfected? Yes No

Date: _____

Signature: _____