

Bathhaus Water Treatment Needs

ASSESSMENT FORM

PART A - REVIEW YOUR WATER TREATMENT NEEDS

1. Have your water tested and list test results below.

- acidity_____ cadmium_____ hydrogen sulfide gas_____ nitrate_____
- alkalinity_____ chloride_____ iron_____ organic chemicals_____
- arsenic_____ conductivity_____ lead_____ sediment_____
- bacteria_____ hardness_____ mercury_____ sodium sulfate_____

2. Review information about health and appearance impacts of your water contaminants.

Note the special concerns:_____

3. Review treatment choices and list those that might be appropriate for your particular water problem(s):_____

4. Is the supplier reputable and reliable? Yes No

PART B - EVALUATE THE QUALITY OF THE WATER TREATMENT SYSTEM

5. Is there a product approval letter for the system which lists the types and amounts of contaminants it will reduce?

Yes No

6. How much space does the treatment need?_____

7. Does the treatment system need specially treated water to function properly? Yes No

8. How many gallons of water does your family use per day?_____

(Base your estimates on: 2 quarts per family member per day for drinking and cooking; 60 gallons per family member per day for treating all the water in the home; and 25 gallons per family member per day for treating hot water only.)

9. Have you compared the volume of water available from the treatment system to the volume needed by your family?

Yes No

10. Check the rate of water flow that you prefer where the treatment device will be installed. Does the flow rate of the device meet the needs of your family? Yes No

11. Have you reviewed and understood the instructions for operation and maintenance that come with the treatment system? Yes No

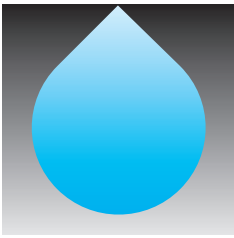
12. How much water can the treatment system process before replacement parts or maintenance will be needed? _____gallons

13. Have you installed a device to monitor your water use? Do you understand how to reasonably estimate when maintenance will be needed? Yes No

14. Will you need to hire a technician to replace parts or maintain the treatment units? Yes No

15. Do you know what the cost of maintenance will be each year? Yes No

16. Other comments about this system:_____



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■ PART C - ESTIMATE THE COST OF THE TREATMENT SYSTEM

17. **Water system purchase and installation:** Cost of water treatment system..... \$ _____
 Cost of installation..... \$ _____
 Other installation costs \$ _____

18. **Replacement costs:** Frequency of replacement/service needs \$ _____
 Parts to be serviced or replaced \$ _____
 Total annual service costs..... \$ _____

19. **Special design considerations:** Additional electrical costs per month to operate system... \$ _____
 Additional water costs per month to operate system \$ _____

20. **Total annual operation costs** \$ _____

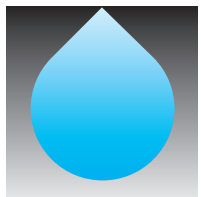
■ PART D - CUSTOMER INFORMATION

Customer Name(s) _____

Customer Address _____
address city state zip

Customer Phone _____

Customer Email _____



bathhaus

RETURN THIS FORM TO:

Bathhaus
 860 S. Northwest Hwy
 Barrington, IL 60010
 tel: 847.277.1313
 fax: 847.277.7132
 email: info@Bathhaus.com

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