



**R.P. ADAMS
COMPANY, INC**

R.P. ADAMS COMPANY, INC.
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POTABLE WATER FILTRATION SYSTEMS QUESTIONNAIRE

Type Of Quotation: Budget Firm • Date Quote Required: _____ • Approx. Installation Date: _____

CUSTOMER INFORMATION:

Owner/Municipality Name: _____

City, State: _____

Contact: _____

Telephone: _____ Fax: _____ E-Mail: _____

Engineering Firm Name: _____

City, State: _____

Contact: _____

Telephone: _____ Fax: _____ E-Mail: _____

PROCESS INFORMATION:

Process Description: _____

Flow Rate: _____ GPM, MGD, GPD

Pressure: _____ PSIG

Raw Water Quality: _____ NTU Typical

/Turbidity: _____ NTU Maximum

Maximum Turbidity Occurs: _____ Times per Week Month Year

And lasts each time approximately: _____ Hours Days Weeks

Raw Water Source: _____

Total Organic Carbons: _____

Suspended Organic Carbons: _____

Total Coliforms: _____

Type of Raw Water Inlet: _____

Preferred Month for Pilot Test: _____

Filter System Space Constraints: _____

Desired Filter System Location: _____

DESIGN INFORMATION:

Filter System Controls : Automatic Manual Semi-Automatic

Filter Vessel Design Basis: R.P. Adams Standard ASME Code

REMARKS: _____

Please complete the questionnaire and fax to R.P. Adams or email to potable@rpadams.com to permit us to evaluate the application and properly select and size the correct R.P. Adams product.