

# System Sizing Worksheet

Please fill out the following information and fax (with a recent water test if available) to 408-378-7155.

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Dealership \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**Source of water** (ie - well, lake, spring, etc.): \_\_\_\_\_

**If well water**, ppm (or mg/l) of: Iron \_\_\_\_\_ Manganese \_\_\_\_\_

Hydrogen sulfide (rotten eggs) odor (circle one): Light Heavy Not detected

Bacteriological results (circle all applicable): Coliform Fecal coliform None/Detected

Other: \_\_\_\_\_

**If surface water** (ie- lake, creek, pond, etc.):

Bacteriological results (circle all applicable): Coliform Fecal coliform None/Detected

Turbidity units: \_\_\_\_\_

Other: \_\_\_\_\_

Existing **holding tank**? If so, how many gallons/liters? \_\_\_\_\_

**Maximum 24 hour water use** including irrigation: \_\_\_\_\_

**Number of homes served:** \_\_\_\_\_ **Number of persons served:** \_\_\_\_\_

Additional information: \_\_\_\_\_



**Triple O Systems, Inc.**

© 2017 TOS, Proudly Manufactured in USA.

1550 Dell Ave., Unit E, Campbell, CA 95008  
(408) 378-3002, Fax (408) 378-7155  
www.TripleO.com, Email: Sales@TripleO.com