



Rainwater Harvesting Systems

PROJECT INFORMATION SHEET

Date: _____

Contact: _____

Name _____

Address _____

Salesperson: _____

Address _____

- Referred by:
- Internet/Online Search
 - Magazine Ad
 - Newspaper
 - Person _____
 - Other _____

Telephone _____

Fax _____

Email _____

Overview

1

- Residential
- Commercial

3

- Literature
- Design/Consulting Services
- Engineering Services
- Budget Quotation

2

Address: _____
 City, State, Zip: _____
 County: _____

Building Information

4

_____ Type in # of sq. feet, i.e. Building Foot Print (How big is your roof?)

Please check if rainwater will be collected from a green/living roof

5

_____ % [100%-90-80-70-60-50] (Will your whole building be supplied by rainwater?)

6

- Non-potable (You will not drink the water.) Recommended
- Potable

7

- (How will you use the collected rainwater?)
- Flush Toilets
 - Irrigation System (greenhouses, landscape, sports fields, spray vs. drip emitters)
 - Laundry
 - Garden Hose Bib
 - Fire Protection
 - Other _____

Please specify other: _____

8

gallons/month (i.e. size of landscape, # of plumbing fixtures)

Size of landscape (-select: 1/4 acre, 1/2 acre, 3/4 acre, 1 acre, 2 or more acre)

of Plumbing fixtures (i.e. toilets, hose bibs)

Water Filtration (Prior to storage)

9

of downspouts

Typical Downspout Size/Style (round, 3x4", 4x6", other)

Yes No (circle) First Flush Diverter

Water Storage/Cistern(s)

10 Cistern Size Dimensions or gallons (Are there space limitations to your site?)

11 Cistern Selection
 Above Ground
 Below Ground
 Integrated
(Checked boxes determine options in next row, i.e. only poly, fiberglass & concrete & concrete would be highlighted for a "below ground" cistern.)

12 Cistern Material
 Polyethylene
 Steel
 Wood
 Concrete
 Fiberglass
 Other (Specify) _____

13 Timeline for Project Installation
 1 month
 3 months
 6 months
 1 yr
 other

Water Distribution / Pump System(s)

14 Flow Range _____ GPM

17 TDH _____

15 Pressure Range _____ PSI

Notes:

16 Electrical Specifications
 115 VAC
 220 VAC
 430 VAC/3Ph

Water Treatment

18 Filtration
 5 Micron
 1 Micron
 0.5 Micron
 Other (specify) _____

19 UV Disinfection Yes
 No
 Chlorination Yes
 No

Accessories (Additional requested features)

20 List
 Back-up Water Supply
 Water Level Indication
 Other: Please specify. _____

Please submit Project Sheet via fax or e-mail:
 Toll Free Fax: 1-888-389-0520
customerservice@englertinc.com