

Investigation sheet Water treatment



Customer _____
Street _____
Postcode / Place _____
Phone _____
Object _____
Street _____
Postcode / Place _____

Company _____
Street _____
Postcode / Place _____
Phone _____
Fax _____
E-Mail _____

One- / two family house _____
Apartment building _____
Number of apartments _____
New building / Old building _____
Hospital / Beds _____
Sport Center _____
Hotel, Rooms _____

Number of persons _____
Hardness of raw water (°dH) _____
Pipe material _____
Supply pressure (bar) _____
Week/Month/Year (m³) _____
Requested hardness (°dH) _____
Dimensions of installation (m) _____

Continuous supply of soft water for 24 hours
(*if water has to be available during regeneration time)

yes* no

1. House connection

1.1. House connection (DN) _____
1.2. Water pressure (bar) _____
1.3. Dimension water meter (Qn) _____
1.4. Pipe material _____
1.5. Pressure reducer available yes no
1.6. Filter available yes no

2. Number of tapping points*

2.1. Showers _____
2.2. Bathtubs _____
2.3. Sinks _____
2.4. Dishwashers _____
2.5. Washing machines _____
2.6. Flushing tanks _____
2.7. Urinals _____
2.8. Swimming pool yes no

(*needed by SYR for dimensioning)

Date Stamp / Signature

**Please fax to +49 2161 6105-20
or send per E-Mail to
export@syr.de**