

IronShield: Survey and Model Selection Form

Please fill out the form below, and email to dhotle@easywater.com, or fax to (317) 755-4199.

1) Project Name:

2) Project Address:

3) Water type:

☐ Private Well Water

☐ City Water

*If Private Well Water, email a water report to
dhotle@easywater.com or mail us a water
sample to test to this address >*

*ATTN: Dan Hotle
9910 N by NE Blvd, Ste 200
Fishers, IN 46037*

4) What is the expected application for IronShield?

(Example: hospital domestic water, office building domestic water, irrigation)

5) Is this a new or existing facility?

☐ New (If new, skip to #9)

☐ Existing

6) If #5 is "existing", do they currently have an iron filter?

☐ Yes

☐ No (If no, skip to #9)

7) If #5 is "existing", provide model number and details for existing equipment including: filtration tanks and valve sizes/quantities.

8) If #5 is "existing", does the existing water treatment equipment keep up with demand when functioning properly?

☐ Yes

☐ No

9) What is the max gpm of treatment needed? *(Example: 235gpm is the peak demand)*

10) What is the pipe size/type where IronShield would be installed? *(Example: 6" copper)*

11) What is the peak gallons per day (gpd) of treatment required? _____ gpd

12) Water usage and sizing criteria:

☐ Potential 24/7 use

☐ Intermittent use 24hrs a day

☐ Intermittent use for 8-12hrs a day

☐ Other _____

13) Should IronShield be skid-mounted (pre-plumbed & pre-wired) or shipped as components (plumbed on site)?

☐ Skid-Mounted

☐ Components

☐ Both Options

14) Project Notes/Additional Details: