



CUSTOMER NAME: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Estimator Name: _____

Date: _____ Estimate Sent _____

How soon would the customer like the job/service

Completed? _____

LAB WATER TESTING:

WERE WATER SAMPLES TAKEN BY ALCORN PUMP & SENT TO CERTIFIED LAB? YES ☐ NO ☐

TAKEN TYPE: BACTERIA ☐ ARSENIC ☐ NITRATE ☐ LEAD ☐ OTHER ☐

Water Source and Characteristics:

The water was drawn from: Well ☐ City/District ☐ Lake/Reservoir/River ☐ Other ☐ _____

Water looks to be: Clear ☐ Cloudy ☐ Colored ☐ _____

The odor of the water is: Musty ☐ Metallic ☐ Rotten eggs ☐ None ☐

The stain the water makes is: Red/Orange ☐ Blue/Green ☐ Black/Brown ☐ None ☐

The visible particles in the water are Sand ☐ Silt/Mud ☐ Other ☐ _____ None ☐

Taste of the water is: _____

Field Water Testing: YES ☐ NO ☐

Hardness _____ gpg Wastes soap, forms scale, clogs hot water heater and pipes. (1 gpg = 17.1 ppm) 0-3 gpg = soft, 3-6 gpg = moderately hard, 6-9 gpg = hard, 9+ gpg = extremely hard

Iron _____ The EPA recommends under 0.3ppm. Over 0.3 ppm may cause red staining on plumbing fixtures and clothing.

PH _____ Under 7.0 = acidic (6.8 or under is corrosive to fixtures and piping), 7.0 = neutral, over 7.0 = alkaline

Manganese _____ The EPA recommends under .05ppm. Over .05 ppm can cause brown/black staining on fixtures and clothing.

Total Dissolved Solids _____ Total minerals dissolved in water. (A minimum of 80 TDS is required for zeolite to work)

Alcorn Pump and Filtration ROC#339937

928-237-4372 | office@alcornpump.com | www.alcornpump.com



Current Filtration? Yes or No: If Yes: _____ Post or Pre-Filtration Samples? _____

Estimate Information: New Filtration ☐ Filtration Upgrade/Replace ☐ New Pumping System ☐
Pumping System Upgrade or Change ☐ Service to System ☐ _____ Other ☐ _____

Problem/Concern: _____

How many people living in home(s) use water? _____ # Of Baths: _____

Within Service Area? _____ C.P 1-5 _____

System Information:

Single-family

Community: _____

Commercial

Approx GPM: _____ Type of Pump(s) and HP: _____

Type of Pumping System? _____

NEC Code 1-5: _____ Information on Electrical: _____

Plumbing Size: _____ Plumbing Type: _____

Condition of Plumbing 1-5: _____

Last time the pumping system was serviced? _____

Condition of the System (8/80) 1-5: _____

Access to well head 1-5: _____ Accessibility for Installation 1-5: _____

Other Information And Notes:

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Installer Name(s): _____ Install/Service Date: _____

Customer Name(s): _____ Invoice # _____