



# Reverse Osmosis Sizing Questionnaire

Application for RO Water \_\_\_\_\_

City / State of Installation \_\_\_\_\_

Your Name & Company \_\_\_\_\_

Your Phone # & Email \_\_\_\_\_

FEED WATER INFORMATION			
Source of Feed Water (check one)	Unsoftened Tap		Softened Tap
Average Feed Water Temperature			
Quality of Feed Water <i>If unknown send water sample. If analysis is available include with questionnaire.</i>	Conductivity		TDS
CUSTOMER REQUIREMENTS FOR RO WATER			
Quality of Water Required			
Quantity of Water (minimum)	Gal. Per Minute	Gal. Per Hour	Gal. Per Day
# Of Hours in Operation Per day			
Direct Feed or Storage Tank	Direct Feed <input type="checkbox"/>	Storage Tank <input type="checkbox"/>	
Electrical on Site			

Return questionnaire to your Lockwood Products representative:

Joshua Hildreth  
[joshua@lockwoodproducts.com](mailto:joshua@lockwoodproducts.com)  
 (937) 903-2986

Answer these questions online instead:



**Lockwood Products Inc.**  
 2331 W State Rt 55  
 Troy, Ohio 45373  
 (404) 505-2520  
[LockwoodProducts.com](http://LockwoodProducts.com)

