

# DAVEY WATER TREATMENT ENQUIRY FORM

## Instructions:

1. Please answer all questions on this form to the best of your knowledge
2. If you need any assistance completing any of the details please contact your local Davey Dealer or Territory Manager



SCAN FOR MORE INFORMATION

## SECTION A

Customer Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Dealer Name \_\_\_\_\_

Dealer Contact \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Location Sample Taken (Region/Town/Suburb/Postcode) \_\_\_\_\_

Sample Date / Time \_\_\_\_\_

Sample Point (i.e. tap between bore and storage) \_\_\_\_\_  
\_\_\_\_\_

## Water Treatment Recommendation Required

No, Water Test Results Only  
(Fill out Section A only)

Yes, Water Test Results & Water Treatment Recommendation  
(Fill out Section A & B)

## Water Source

Mains/Town                      Rainwater                      Bore/Well  
River/Stream/Creek              Dam/Pond                      Other \_\_\_\_\_

## Application

Small House (3 bed, 1 bath)      Large House (3+ bed, 2 bath)      Commercial / Industrial      Caravan/ Holiday Park  
Farm                      Irrigation                      Toilet Block                      Other \_\_\_\_\_

## Will the water be used for drinking?

Yes                      No

(Our analysis will not test for bacteria/viruses but if the water is required for drinking purposes, ongoing disinfection will always be recommended)

SECTION B of form continued on reverse >

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## SECTION B

**Have you identified any of these issues with your water?**

Bad Taste  
Blue / Green Stains  
Sediment

Bad Smell  
Rusty/Black Stains  
Algae

Limescale  
Water Cloudy  
Other \_\_\_\_\_

Chlorine Taste  
Water Discoloured

**Storage Tank Type**

No Storage

Plastic

Concrete

Other \_\_\_\_\_

**Size of each Tank**  
(Litres)

\_\_\_\_\_

**No. of Tanks**

\_\_\_\_\_

**Flow rate to storage** (lpm)

\_\_\_\_\_

**Flow rate from storage** (lpm)

\_\_\_\_\_

**Total daily water use** (Litres)

\_\_\_\_\_

**Number of people using water daily**

\_\_\_\_\_

**Existing System**

Yes

No

**Please describe** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information/Comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_