



Client Survey Form

www.PelicanWater.com (877) 842-1635 Fax: (386) 469-0147

HOMEOWNER INFORMATION		
First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Phone:	Email:	

WATER QUALITY		
Water Type:	<input type="checkbox"/> City Water	<input type="checkbox"/> Private Well Water
If on private well, was a water quality lab analysis done prior to install?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

HOME / EQUIPMENT INFORMATION	
Equipment Purchased / Installed:	
Pipe Size: <input type="checkbox"/> ¾" <input type="checkbox"/> 1" <input type="checkbox"/> 1¼" <input type="checkbox"/> 1½" <input type="checkbox"/> 2"	Pipe Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX
Water Heater Type: <input type="checkbox"/> Tank <input type="checkbox"/> Tankless	# of Heaters:
Power Outlet Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drain Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Bathrooms:	# of People in Home:
# of Stories in Home:	Square Footage:
Salt Softener Ban (area specific):	
Custom Shower (multi-headed): <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shower Heads
Irrigation:	

DEALER INFORMATION
Dealer / Company Name:
Name of Installer:
Date of Install:

Notes: _____

* By providing your contact information, you grant permission to the dealer and Pelican Water Systems to contact you regarding follow-up products and important information about what's in your water.

