

WATER TEST DROP-OFF SHEET

The more information that you give us the better we will be able to help you. If you are already entered in our water lab computer system, please fill out questions 1-5 so we can find you there. If we cannot, we'll have to ask you for the rest. Customers here in the store come first, so we only test Drop-offs when we are not helping customers here in the store.

1. If you are leaving your water for testing later today, you wish to have your results: mailed to you, picked up tomorrow or later by you, faxed to you at _____, scanned and emailed to you as an attachment to: _____. **Note: Under no circumstances will we give you any results on the phone. You can only receive results in writing, with all of their instructions and safety warnings.**

2. Last Name _____ Sample Bottle No. _____
First Name _____ Middle Initial _____ Date _____
Street: _____ Home Telephone _____
City: _____ State: _____ Zip: _____
Telephone number where we can call with questions while performing your test: _____

3. Has pool/spa been shocked in the past: 3 days? Week? Two Weeks? Month?
 Other _____ Have you added Algacides in the past week? Yes No

4. What type of test would you like?
 In-season Balance Spring Start-up Winterization Completely New Water (Fresh Fill)
 Conversion from Chlorine to Baquacil Make-up Water Analysis Conversion from Baquacil to Chlorine

5. Your chemical brand is Baquacil Bioguard Target Other _____

6. Your primary sanitizer system is: Stabilized Chlorine Unstabilized Chlorine Soft Swim Bromine
 Regular Baquacil Baquacil Ultra Salt-to Chlorine Generator Other _____

7. Your chlorine form is Granular Jumbo tabs Mini tabs Liquid Cartridge _____

8. Your shock type is Liquid Powered Name of shock: _____

9. Your algacide brand and type is: _____

10. Your pool/spa water volume is _____ gallons. Your water temperature is _____ degrees.
Its size is: _____ length _____ width _____ depth.
Its shape is: round oval rectangle other _____
Its type is: Inground Above Ground Spa

11. Pool/Spa Interior is: White Plaster Colored Plaster Fiberglass Painted Concrete
 Printed Vinyl Unprinted Vinyl Acrylic Other _____

12. Additional water treatments used; Proteam Supreme Nature 2 FROG Natural Enzymes
 Clearpool Ozone Copper-Silver Ionization Optimizer Other _____

13. Is a spa attached to the pool? Yes No If yes, how many gallons? _____
Is water cloudy? Yes No Colored? _____ No
Filter Type: Sand DE (Diatomaceous Earth) Cartridge Bag
Is Algae Present? Black Green Mustard Pink Slime Clear Slime
 Water Mold Other _____

14. Do you want a manganese test? Yes No
(Manganese tests are normally done only upon request)