**Water Testing Drop-off Information Sheet:**

**POOL**

**Are you new to water testing with us?**

If so, we will call you to get additional information from you that is required to test the water (Ex. Litres)

\*Please fill out ALL information to ensure a quicker and accurate process

\*Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Safety Cover

 Lock-In or Waterbag

**What type of winter cover is on the pool?**

**What type of test is it?**

 Opening (If NO chemicals have been added)

 Check Up

Yes No

**How does the water look?**

**Can you see the bottom?** Yes No

 Clear

 Green

 Cloudy

**What is the Temperature?** \_\_\_\_\_\_\_ **F**

**How long do you run the pump?**  0 6 12 18 24

 Yes No

 Yes No

**Did you clean your Salt Cell at the end of the season?**

**Did you clean your Filter at the end of the season?**

**What is the reading on your salt generator? (*If applicable)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ppm 

**Would you like to wait for the test? (Wait times may be longer than expected)** Yes No

**Notes** (please let us know what you need to purchase when we call you back) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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