**Response Time Stamp:** 5/30/2012 9:16:30 PM

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|    | **1. Survey Date**  |

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|  | 05/30/2012 |  |   |

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|    | **2. Unit Name:**  |

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|    | **3. Unit #**  |

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|    | **4. Surveyor Name**  |

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|  | Jeff Coke  |  |   |

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|    | **5. What is the water pressure in this unit?**  |

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|    | **6. Is there a pump in this unit? - Please select answer from list below.**  |

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|  | No - Not existing and not needed |  |   |

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|    | **7. What type of pump is installed at this unit?**  |

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|    | **8. Where is the main shut off located?**  |

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|  | In mechanical room back right corner |  |   |

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|    | **9. Did you take a photo of the shut off location?**  |

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|  | Yes |  |   |

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|    | **10. Where is the current water filtration system located?**  |

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|  | In mechanical room |  |   |

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|    | **11. Did you take a photo of the current water filtration system?**  |

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|  | Yes |  |   |

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|    | **12. Does this unit currently have a water softener?**  |

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|  | No |  |   |

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|    | **13. If existing water softener - did you take a photo?**  |

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|  | NA - No softener installed at this unit  |  |   |

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|    | **14. Current Ice Machine Installed:**  |

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|  | Cuber  |  |   |

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|    | **15. Will we have to remove a shelf in order to install a new system?**  |

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|    | **16. Will there be any special equipment needed for tea lines?**  |

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|  | New hose |  |   |

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|    | **17. Will there be any special equipment needed for the coffee lines?**  |

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|  | None |  |   |

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|    | **18. Will we need to install a SWF?**  |

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|    | **19. Are there high ceilings? Please answer yes or no. (describe height if they are high)**  |

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|    | **20. What is the size and type of piping we are tapping into?**  |

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| --- | --- | --- | --- |
|  | 3/4" copper |  |   |

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|    | **21. If this is a mall, are there doors from the unit leading directly to the outside?**  |

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|    | **22. Please list the type of equipment to order and install in this unit.**  |

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|  | Seleto IM600 (500231, 3SEL044) |  |   |
|  | Selecto T-1 New Gen Filtration System (500191, 3SEL035) |  |   |

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|    | **23. Please state recommended location for new water filtration system.**  |

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|  | In place of old filter system |  |   |

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|    | **24. Please list any other challenges with new install.**  |

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