Checklist for EASYDES
UV-Desinfection System

Please send this completed record sheet to the following fax number or e-mail address:
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1. General item information

1.1 **Item** ○ *New construction project* ○ *Existing building*

1.2 **Type of building**
○ *Swimming Pool* ○ *Hospital* ○ *Sports Facility* ○ *Other:* ...
○ *Workshop* ○ *Health Resort* ○ *Hotel*
○ *Camping Complex* ○ *Research Establishment* ○ *Residential Building*

1.3 **Item's address**

1.3.1 Item's Name

1.3.2 Street

1.3.3 Postcode / Town

1.3.4 Phone / Fax /

2. Contacts

2.1 **Company**

2.2 **Name**

2.3 **Street**

2.4 **Postcode / Town**

2.5 **1. Contact partner** ○ *Mr.* ○ *Mrs.*

2. Contact partner ○ *Mr.* ○ *Mrs.*

2.5.1 Phone / Fax / Phone / Fax /

2.5.3 E-Mail E-Mail

2.5.4 Department Department

2.5.5 Position Position

2.7 **Lutz-Jesco contact partner** ○ *Mr.* ○ *Mrs.*

2.7.1 Phone / Fax /

2.7.3 Region

3. Notes

...

4. Water

4.1 **Type of water** ○ *Warm drinking water* ○ *Cold drinking water* ○ *swimming pool water*
○ *Other application:* _____

5. Water Consumption

5.1 **Daily consumption** _____ *[m³/d]*

5.2 **Peak volume flow rate** *1)* _____ *[m3/h], time/ duration from* _____ *to* _____
2) _____ *[m3/h], time/ duration from* _____ *to* _____
3) _____ *[m3/h], time/ duration from* _____ *to* _____

5.3 **Operating time** *from* _____ *time, to* _____ *time*

5.4 **Downtime** *1) from* _____ *time, to* _____ *time*
2) from _____ *time, to* _____ *time*

5.4.1 Other downtimes _____ *(e.g. holidays or out of season)*

5.5 **Operating on weekends** ○ *yes* ○ *no*

6. Piping Data

6.1 **Piping material** _____

6.2 **Pipe cross section on the UV-unit** _____

6.3 **Max. permissible operating pressure for the UV-unit** _____ *[bar]*

6.4 **Age of the unit (year of construction)** _____

6.5 **Cold and warm water installation plans are available** ○ *yes* ○ *no*

6.6 **Toilets with flush valve (unrestricted)** ○ *yes* ○ *no*

6.7 **Number of flush valves** _____

7. Water Treatment (available?)

7.1 **Softening unit** ○ *yes* ○ *no*

7.1.1 Unit type / Manufacturer _____ / _____

7.2 **Reverse osmosis unit** ○ *yes* ○ *no*

7.2.1 Manufacturer _____

7.3 **Filter**

7.3.1 Iron ○ *yes* ○ *no* *If yes: can back flush* ○ *yes* ○ *no*
last filter change [month/year]: _____ *last back flush [month/year]:* _____

7.3.2 Manganese ○ *yes* ○ *no* *If yes: can back flush* ○ *yes* ○ *no*
last filter change [month/year]: _____ *last back flush [month/year]:* _____

7.3.3 Nitrate ○ *yes* ○ *no* *If yes: can back flush* ○ *yes* ○ *no*
last filter change [month/year]: _____ *last back flush [month/year]:* _____

7.3.4 Other ○ yes ○ no *If yes: for* [ ], *can back flush* ○ yes ○ no

last filter change [month/year]: [ ] *last back flush [month/year]:* [ ]

7.4 **Dosing unit** ○ yes ○ no

7.4.1 Unit type / Manufacturer [ ] / [ ]

7.4.2 What is dosed/metered? [ ]

8. Water Parameters / Water Analysis

		lt. Drinking water Standards	*Measured values*	*General recommendations for UV applications*
8.1	**Temperature**	*no limit*		
8.2	**pH-value**	*6,5 - 9,5*		
8.3	**Elec. conductivity [µS/cm]**	*< 2500*		
8.4	**Iron (Fe^{2+}) [mg/l]**	*< 0,2*		*< 0,05*
8.5	**Manganese (Mn^{2+}) [mg/l]**	*< 0,05*		*< 0,02*
8.6	**Nitrate (NO_3^-) [mg/l]**	*< 50 *)*		*< 20*
8.7	**Nitrite (NO_2^{2-}) [mg/l]**	*< 0,5 *)*		*< 0,05 in cold DW* *< 0,1 in warm DW*
8.8	**Sulphate (SO_4^{2-}) [mg/l]**	*< 240*		
8.9	**Silicium [mg/l]**	*no limit*		
8.10	**Total hardness of the water [mmol/l]**	*no limit*		
8.11	**Carbonate hardness [mmol/l]**	*no limit*		
8.12	**SSK-value (at 254 nm) [1/m]**	*no limit*		*≤ 15*
8.13	**SAK-value (at 254 nm) [1/m]**	*no limit*		*≤10*
8.14	**NTU Nephelometric Turbidity Unit**	*< 1,0*		*≤0,3*

8.15 **Water analysis is available and is attached** ○ yes ○ no

**) and [NO_3^-/50 + NO_2^-] < 1mg/l*

9. Hygiene Parameters Water Disinfection

9.1 **Microbiological analyses are available and are attached** ○ yes ○ no

9.2 **An analysis has been made to date** ○ yes ○ no

9.3 **Which germs/bacteria should be elimated?** [ ]

9.4 **A disinfectant is added by the water supplier agent** ○ yes ○ no

9.4.1 Disinfectant / Concentration [mg/l] [ ] / [ ]

10. On-site Installation Requirements

10.1	**Specify the location of the UV-unit**	
10.2	**Existing shut-off devices**	
10.2.1	in front of the injection nozzle	○ *yes* ○ *no*
10.2.2	after the injection nozzle	○ *yes* ○ *no*
10.3	**Existing water meters (or flow-measuring with signal output)**	○ *yes* ○ *no*
10.3.1	Type of signal	*(default: Impulse (Reed contact)), ACTUAL:*
10.3.2	Signal sequence	*(default: Impulse/ ≤10 l), ACTUAL:*

11. Other

...

Date / Signature / _____

Installation Example for EASDES UV-unit

① Ventilation and degasing valve
② Drain
③ Control unit
④ Shut off valve
⑤ Prefilter (if necessary)
⑥ Drain by removing of UV lamp (ATTENTION! First switch of power supply)