|  |  |
| --- | --- |
| Project name |  |
| Contact name |  |
| Email |  |
| Phone number |  |
| Project start date |  |

**Greywater recycling project form**

**You do not have to answer all of the questions listed below, but the more information, the better!**

|  |  |
| --- | --- |
| Items | Description |
| Number of buildings |  |
| Floors per building |  |
| # of apartments per building |  |
| Total bathrooms per building  |  |
| Total # of stacks per building |  |
| # of bathrooms per stack |  |
| # of persons per apartment (estimate) |  |

See drawing below as reference.

|  |  |
| --- | --- |
| Liters per person and day |  |
| Liters for hygiene purpose per person and day |  |

**Local water consumption**



**Additional information**(Fill out as available. Estimates are helpful)

|  |  |
| --- | --- |
| Description | Quantity |
| Number of shower fixtures per stack |  |
| Number of baths fixtures per stack |  |
| Number of sink fixtures per stack |  |
| Number of washing machines per building |  |
| Number of washing machines per stack |  |
| Roof area (if rainwater will be collected) |  |
| Space in technical room |  |
| Height/distance from tech. room to furthest fixture/bathroom |  |

Additional information:

* **Are you interested in the Blue Circle System?**
* **Are you interested in the Blue Eco System?**
* **Are you interested in a combination of both of our major systems?**
* **Are there additional challenges, such as regulations, space, cost etc.?**
* **Are you interested in rainwater harvesters?**
* **Are you interested in stormwater management systems?**