



Offices, Service Dept & Retail Showroom  
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**WATER SAMPLE INFORMATION**  
**POOL MUST HAVE CIRCULATED AT LEAST 48 HRS OR RESULTS WILL BE INACCURATE.**

**Customer's Last Name:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**Cloudy?**  Yes  No      **Algae?**  Yes  No      **Types:**  Green Algae  
 Mustard Algae  Black Algae  Pink Slime      Other \_\_\_\_\_

**Gallage:** \_\_\_\_\_      **Pool on Optimizer?**  Yes  Not Yet  Don't Know

**Fresh Fill?**  Yes  No      **Spa Attached?**  Yes  No

**Finish (circle one):**    White Plaster    Vinyl    Painted    Colored Plaster    Other:

**Chemicals Used (circle one):**

Chlorine      SoftSwim      Nature2      Mineral Springs      Salt

Other: \_\_\_\_\_

**Why did you take this sample? Is pool having any special problems?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_