

Installation Report

Client Information

Client Name(s): _____ Purchase Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Cell Phone: _____

Purchase Information

Package Purchased: _____

Individual Units Purchased: _____

Whole Home Treatment

Units Installed: Ultra Home Combo Ultra Home Premium Salt Free Softener Other: _____

Installation Location: Outside (Left) Outside (Right) Garage Basement Other: _____

Main Water Shut Off Location: _____ Floor Drain: Yes No

Additional Notes: _____

Drinking Water Treatment

Units Installed: Delphi H2 Vesta H2 Athena H2 Reverse Osmosis Other: _____

Delphi H2 Faucet Finish: Brushed Nickel Chrome Custom: _____

Installation Location: Kitchen Sink Other: _____

Sink Type: Stainless Steel Porcelain Other: _____ Countertop: Granite Quartz Other: _____

Drill Hole: Yes NO Soap Dispenser: Yes NO

Additional Notes: _____

Your signature below means your products purchased from Ultra Water Solutions have been received and installed

Buyer's Signature: _____ Date: _____

Representative Signature: _____ Date: _____