



Rainwater Harvesting

Multiple Property Development Form

Date:

Our reference:

Contact Name:

Your reference:

Address:

Post Code:

Fax:

Tel Number:

Email:

Project Name:

Project Stage:

Project Location:

	House Design Type	Bedrooms	Roof Area (sqm)	No. of Properties of Same Type	WCs
1	E.g. terraced	Single: 2 Double: 2	150	8	8
2		Single: Double:			
3		Single: Double:			
4		Single: Double:			
5		Single: Double:			
6		Single: Double:			
7		Single: Double:			
8		Single: Double:			

House Design Type	Bedrooms	Roof Area (sqm)	No. of Properties of Same Type	WCs
9	Single: Double:			
10	Single: Double:			
11	Single: Double:			
12	Single: Double:			
13	Single: Double:			
14	Single: Double:			
15	Single: Double:			
What will the properties be connected to? (water authority, foul sewer, surface sewer)				
Recycled rainwater use? (toilet flushing, washing machine, external use, other)				
Reason for potential purchase? (water saving, environmental, cost saving, planning requirement, CfSH, WAT1, SUR1)				
Please indicate which system you require the quotation based upon. System servicing each property (individual tanks)? Communal multi-user system (shared tanks)? Unsure/advice required?				
Rainwater delivery method required? (Gravity (header tank), Direct (no header tank), unsure)				



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