Please fill the questionnaire and fax it to (416) 490-0974 or call us at (416) 490-7848

Customer Name: _____
Company Name: _____
Address: _____
Email Address:_____
Tel Number: _____
Fax Number: _____

ULTRAFILTRATION

WASTE WATER SURVEY

NOTE: The more complete the information, the more accurately we can estimate the size and feasibility of an ultrafilter to meet your objectives.

What operations in your facility produce this waste water? (ie cutting, metal stamping, grinding, vibratory deburring, etc.) _____

_____

Temperature of the waste: _____ F _____C

Total gallons per day (GPD) or gallons per minute (GPM) _____GPD _____GPM

How many hours per day is this waste water produced? _____Hours/day

How many days per week is this waste water produced? _____Days/week

What is the oil and grease concentration? _____mg/l

What percentage is free oil?

(that which separates and floats on the top) _____% or _____mg/l

What percentage is emulsified oil?

(that which is dispersed throughout the solution, not floating) _____% _____mg/l

Are the oils natural hydrocarbons or semi/synthetic based oils? _____

What type of make up water (ie untreated municipal, softened, deionized, etc.) was used in the process that generated this waste water? _____

What levels of the following are contained in the waste?

BOD/COD _____mg/l

Suspended solids _____mg/l

Hardness (calcium & magnesium) _____mg/l

pH _____

iron (if known) _____mg/l

other(s) _____mg/l

(specify)

(To what range can the pH be adjusted if necessary?) _____

Are any solvents (ie chlorinated hydrocarbons, MEK…) present? _____Yes/no

And if so list them and their concentration in mg/l: _____

Are there any silicon based defoamers in the waste stream? _____Yes/no

What do you wish to do with the purified waste (ie put to municipal sewer, discharge to an open water way, reuse…)? _____

What are you currently doing with this waste (hauling, discharging to sewer, treating with another technology…)? _____

What are your current monthly costs for waste treatment hauling? _____

What quality of purified water must the ultrafilter produce? Be very specific:

Oil & grease _____ppm

Heavy metals (list each) _____ppm

COD _____ppm

BOD _____ppm

Other (specify) _____ppm

pH _____

What is the timing by which you must have this waste water treatment system installed?

_____

Is this project budgeted? _____Yes/no

Please attach MSD sheet for waste fluids likely to be found in this waste water.

Please attach local discharge standards.