Note: Please indicate by a tick mark where options are provided.

1. Customer’s Detail:

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
| Contact Person: |  | | |
| Plant Location: |  | | |
| Address: |  | | |
| Phone No.: |  | Fax No.: |  |
| E-mail: |  | | |

1. EFFLUENT DETAILS:

|  |  |  |
| --- | --- | --- |
| Parent Industry: |  | |
| Type of Effluent: |  | |
| Whether Toxic (Tick applicable one): | Yes  No | |
| Quantity of Effluent to be Processed (M3/Day): |  | |
| Working Hours to be Considered per Day (for plant sizing):s |  | |
| Composition: | Specific Gravity: | pH: |
| BOD (mg/l): | COD (mg/l): |
| Dissolved Solids (%): | Suspended Solids (%): |
| Total Solids, if dissolved and suspended solids not known (%): | |
| Organic Salts (%): | Inorganic Salts (%): |
| Total Chlorides (mg/l): | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION AND PERCENT OF SOLVENT OTHER THAN WATER, IF ANY:** | | | |
|  | | | |
| pH Value: |  | Viscosity: cps, At: ºC | |
| Temperature (0C): |  | Specific Heat of Liquid: |  |

1. Do YOU WANT US TO QUOTE TOTAL   
   SALT/SOLIDS RECOVERY SYSTEM :  Yes  No
2. DO YOU WANT US TO QUOTE  
   STRIPPER COLUMN :  Yes  No
3. AMBIENT CONDITIONS:

|  |  |  |
| --- | --- | --- |
| Temperature (ºC): | In Summer: | In Winter: |

1. UTILITIES AVAILABLE:

|  |  |  |
| --- | --- | --- |
| Steam Pressure (Kg/cm2-g): |  | |
| Power Supply: | Volts (V): | Frequency (Hz): |

6. Any other information and data, which MAY BE useful for US TO DESIGN:

|  |  |
| --- | --- |
|  | |
| **Authorized Signatory:** |  |
| Designation: |  |