

REQUESTED PROJECT INFORMATION

Effluent Treatment System

1. **Company Name**

2. **Company Address**

Contact No

Email Id

Website

3. **Name of Town:**

4. **Annual Business volume**

5. **Customer's business is**

for resale to retail customers

Consultant

Others if any

As capital equipment in their own plant

for system integration activities

6. **End User Company name**

7. **End User Company address**

Contact No

Email Id

Website

8. **Last three years turnover**

9. **Industry Type**

10. **Wastewater Resulting From**

11. **Typical Characteristics of Effluent Flow**

11.1 Daily quantity:

m³/d

11.2 Hourly (peak) quantity:

m³/d

11.3 Characteristics of Effluent flow

a) Continuous flow	yes	no
b) Periodical flow	yes	no
c) No flow during	to	

12. Kindly enclose the Test reports of Effluent Wastewater Characteristics

12.1 Provide detailed Effluent wastewater Analysis test reports as per,

Indian Standards	US Standards
European Standards	If others please specify

13. Kindly enclose the Test reports of Requirements for Treated water Characteristics

13.1 Provide detailed Treated Water Characteristics as per

Indian Standards	US Standards
European Standards	If others please specify

14. Treated water discharge/to be reused

Gardening	to River	Process line	Floor cleaning
ZLD	to Public Sewer	Others Specify	

15. Existing Wastewater Information

15.1 Equalization/Collection tank existing	yes	no
Volume of the tank	m ³	location of the tank

16. Space Availability Allocated in terms of L x W x H in meter

17. Coordinating Person Contact details

Phone No	Email Id	Location
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18. Offer to be addressed to

Place, Date