

TO RECEIVE A FIRM PROPOSAL

Fill Out this data sheet and send to Minn Water at:

Email: info@minnwater.com Fax: +1 (612) 584-1518

GLOBAL LEADER IN WATER AND WASTEWATER

http://www.PWWTP.com



http://www.MINNWATER.com PO Box 41101, Minneapo

olis.	MN	55441	Tel: +1	(612)	584-1588
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Company Information			Project Information											
Contact:						Project Name:								
Title:					-	Project Lo								
Company:					-	-	Needed by:							
Address:					-	Bid Date:	~							
City:		State			-	Expected Decision by:								
Zip Code:		Country			Expected PO date:									
Phone: Fax:				Expected Delivery by:										
Email:		Website			-	Expected	Startup by:							
Type of industry:				Plant	produces:			I	Daily produ	ction rate:				
Plant operates:		hours/day		days/week		days/year	Process w	vhere waste	water was	generated:				
Lengths/dates of sche														
Wastewater Characte	eristics (If	other unit			please indi	cate):								
			AVE	ERAGE		RANGE								
						Other unit	ts			Min		Max		
Present flow:		GPD		m3/day			_							
Design/future flow:		GPD		m3/day			_							
Design peak flow:		GPD		m3/day			Peak factor		-					
BOD:		mg/L		lbs/day			_				i			
COD:		mg/L		lbs/day			-				,			
TSS:		_mg/L		lbs/day			_				,			
VSS:		_mg/L		lbs/day			-							
TKN:		mg/L		lbs/day			_				i			
NH3-N: TN:		mg/L		lbs/day			_				i			
Ortho P:		mg/L		lbs/day			-				,			
-		mg/L		lbs/day			-				,			
TP: Fat, oil and grease:		mg/L		lbs/day			-				,			
Calcium:		mg/L		lbs/day lbs/day			_				,			
Sodium:		mg/L		lbs/day			_				,			
Chloride:		mg/L		lbs/day			-							
Sulfate:		_mg/L _mg/L		lbs/day			-				i			
Alkalinity:		mg/L		lbs/day			-				,			
Temperature: °F			-°C			-				,				
pH:		- 1		_ C							,			
Elevation above sea:		- ft		m	Othe	r (specify):								
						- (~p j) -			-					
Permit Limits:	BOD	COD	TSS	NH3-N	TN	TP	DO	FOG	Chlorine	Coliform	pН	Other		
Existing Treatment:														
Primary Yes/No		_	Clarifier(s	s) size(s):										
			Pond(s)	size(s):										
			Other											
Secondary Yes/No		-	Aeration b		size/aerati	-								
			Final clari		dimension									
			Other unit	t operations	not specifie	d above:								
Major chemicals/nutrients used:						_	Amount:							
Any bulking problems			An	y upsets due	to shocks?	Yes/No)	_	Any odor	problems?	Yes/No			
New Treatment Facili	•				7.6						_			
Need lift station? Yes/No		_	Need new EQ tank?					Need tertiary quality?						
Cl2 or uv disinfection Specify: Available Power (Voltage/Frequency/Phase)?			Steel or Concrete plant?						emi-buried?	Specify:				
	age/Freque	ency/Phase)	? Specify	:		Any	space limit	? Specify:						
Other helpful info:														