

Project name: _____

Project leader:
(Consulter:)

Name	Country
Street	Post code/town/city
Phone	Fax
Email	www

Client/owner:
(Municipality/company:)

Name of company/municipality	Country
Street	Post code/town/city
Phone	Fax
Email	www

Specification of the problems/water quality:

Raw water: _____
(Ground water, Surface water,)

Data/water quality:

Chemical/physical analysis:	<input type="checkbox"/> yes, see appendix	Biological analysis:	<input type="checkbox"/> yes, see appendix
<input type="checkbox"/> pH value (on-site)	_____	<input type="checkbox"/> Total hardness	_____ °dH mmol/l
<input type="checkbox"/> Turbidity	_____ FNU/FTU	<input type="checkbox"/> Carbonate hardness	_____ °dH mmol/l
<input type="checkbox"/> Odor	_____	<input type="checkbox"/> Acidity	_____ mmol/l
<input type="checkbox"/> Redox potential	_____ mV	<input type="checkbox"/> Alkalinity	_____ mmol/l
<input type="checkbox"/> Water temperature	_____ °C	<input type="checkbox"/> Free CO ₂	_____ mg/l
<input type="checkbox"/> Oxygen content	_____ mg/l	<input type="checkbox"/> Conductivity	_____ µS
<input type="checkbox"/> DOC	_____ mg/l	<input type="checkbox"/> Oxygen consuming capacity	_____ mg/l O ₂
<input type="checkbox"/> TOC	_____ mg/l	<input type="checkbox"/> SAC value at 254 nm	_____ m ⁻¹
<input type="checkbox"/> Total iron	_____ mg/l	<input type="checkbox"/> Colour (SAC at 436 nm)	_____ m ⁻¹
<input type="checkbox"/> Dissolved iron(II)	_____ mg/l	<input type="checkbox"/> Ammonium	_____ mg/l
<input type="checkbox"/> Manganese	_____ mg/l	<input type="checkbox"/> Aluminum	_____ mg/l
<input type="checkbox"/> Total arsenic	_____ mg/l	<input type="checkbox"/> Hydrogen sulfide	_____ mg/l
<input type="checkbox"/> Arsenic(III)	_____ mg/l	<input type="checkbox"/> Methane	_____ mg/l
<input type="checkbox"/> Nitrite	_____ mg/l	<input type="checkbox"/> Bromide	_____ mg/l
<input type="checkbox"/> Nitrate	_____ mg/l	<input type="checkbox"/> Cryptosporidium concentration	_____ /100 ml
<input type="checkbox"/> _____	_____ mg/l	<input type="checkbox"/> Fecal bacteria concentration	_____ /100 ml

Remarks: _____

Supply system:

Water consumption per year _____ m³/a
 Average consumption per day _____ m³/d
 Peak consumption per day _____ m³/d
 Operation time of treatment plant per day _____ h/d
 Average consumption per inhabitant _____ l/d
 Number of inhabitants _____
 Water pressure (static) _____ mWS (bar, kPa)
 Pipe materials in the existing supply system _____

If possible, please enclose a map of the supply system.

Water storage:

Existing storage tank near the treatment plant? yes no
 Capacity storage tank _____ m³
 Material of construction _____

If possible, please enclose a construction drawing of the existing storage system.

Water transport:

Installed pumping capacity _____ m³/h at pressure _____ mWS (kPa)
 Pumping time _____ h
 Well-sinking _____ m
 Deep _____ m
 Length lift tube _____ m
 Nominal width lift tube _____ mm
 Materials of the well system _____

If possible, please enclose a construction drawing of the existing well system.

Requests for the installation of the treatment plant:

Near well Near storage tank _____
 Treatment capacity (minimum) _____ m³/h
 Operation time treatment plant _____ h
 Canalization existing? yes no
 Sedimentation basin required? yes no
 Backwash water recycling? yes no

Electrical data:

Line voltage (existing) _____ V Frequency _____ Hz
 Max. voltage fluctuation +/- _____ % NO. of Phases _____

Special rules, additional requests: _____