

## Filtration Checklist



Project name:				
Customer:	Name			
	Street		Post code, City	
	Phone		Fax	
	E-mail		www	
Project				
management: (if required)	Name			
	Street		Post code, City	
	Phone		Fax	
	E-mail		www	
Water analysis:				
chemical/physical analysis available:		☐ yes, see appendix bio	ological analysis:   yes, see appendix	
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Raw water description: Pre-treatment available:		□ no		
rie-treatment available.		□ yes, which		
		<b>—</b> yes, which		
Design data:				
Intended use of raw water				
Requried filter output		m³/h	Operating pressure bar	
Operating time per day		h	Temperature°C	
Requried purity		☐ Drinking water pursuant to common Drinking Water Standards		
		☐ Process water pursuant to following specification		
		Max particle size:		
Pure water		☐ in intermediate storage	☐ in system with network pressure	
Operation of the unit		☐ fully-automatic	☐ manual	
Back-flushing of the unit		☐ with raw water	☐ from intermediate storage	
Installation space		□ no	☐ yes, dimensions (LxBxH)	
Remarks:				
Remarks.				