

CUSTOMER DATA FORM-QUESTIONNAIRE

(FOR DESIGNING/Upgradation of NEW/Existing Waste Water Treatment Plant)

Name of the Company:\_\_\_\_\_

Name of the Chief Executive/Head of Operation:\_\_\_\_\_

Phone No./Fax No.& e-mail address:\_\_\_\_\_

Size of the Company:\_\_\_\_\_

Customer Core Buisness:\_\_\_\_\_

Source of Waste Water:\_\_\_\_\_

SPECIFICATION OF TREATMENT PROCESS:-

Incoming Sewage - TOILETS/ LAUNDRY/ BOILER BLOW DOWN/ MEDICAL/ BACK WASH OF PRESSURE SAND FILTER/ COOLING TOWER/ DRAIN

Generation Norms - BATCH WISE/ CONTINOUS\_\_\_\_\_

Duration of Flow\_\_\_\_\_

Daily Flow/Discharge\_\_\_\_\_

Inlet TEMPRATURE                      Maximum\_\_\_\_\_Minimum\_\_\_\_\_

RAW SEWAGE WATER CHARACTERSTICS:-

	S.No.	Parameter	Unit	Sewage
	1.	pH		
	2.	BOD	ppm	
	3.	COD	ppm	
	4.	TSS	ppm	
	5.	O&G	ppm	

Note:- \* Please Enclose Test Report Copy

TREATED SEWAGE WATER CHARACTERSTICS				
The treated Water wil be as per the PCB .				

Please specify end use of the TREATED SEWAGE WATER\_\_\_\_\_

GERDENING/IRRIGATION/W C FLUSHING/COOLING TOWER

SITE LAYOUT PLAN\_\_\_\_\_Copy of Plan

AREA AVAILABLE_____NEW_____				
EXISTING_____				

IN CASE OF EXISTING PLANT---- BRIEF DETAILS OF PLANT/TROUBLE/DEFECTS TO BE RECTIFY

Brief about site Details with Photograph

Date:-

Reference:-

Email us:info@venzawater.com

Our Technical will get back to you shortly to assist you with your requirement