makes difference
CAVITECH

Questionnaire for a technology project

Dear colleagues, we strive to bring the CAVITECH® offer as close as possible to the specific needs of your structure. Please provide primary information about the characteristics to prepare a technical and commercial offer. Send this sheet to kk@cavitech.org to receive free draft of modernization

Name of the WWTP facility	
Location of the facility	
The contact person	
Phone, email	
Discharge site for treated water	
Type of pollution: municipal or industrial (please indicate the type of production)	
Please describe your treatment scheme	
Description of the treatment scheme. Please describe the equipment you use during the treatment steps	
Inflow and egalization	
Gravity treatment (settling)	
Mechanical treatment	
Denitrification Denitrifier dimensions (m)	Height _____ length _____ Width _____ Number of tanks _____
Nitrification: aeration tanks dimensions (m)	Height _____ length _____ Width _____ Number of tanks _____
Secondary clarifier	Height _____ length _____ Width _____ Number of tanks _____
Nitrate recycle	
Dewatering and disposal of excess sludge	
other	
other	
Specify dimensions of the aeration tank	
Height	
Overall Width	
Corridor width	
Length	
The presence of partitions in the aeration tank	If you have internal partitions, please send us a drawing
Wastewater volume , m3/day	

Wastewater volume, m3/hour	Average - Maximum - Minimum -
Waste water temperature:	Average - _____ Maximum - _____ Minimum - _____
Characteristics of the influent wastewater pollution according to the annual average (if applicable) or the most typical analysis Please specify other indicators typical for the influent	BOD_5 , mg/l - _____ COD, mg/l - _____ PH - _____ Ammonia nitrogen, mg/l - _____ Nitrites, mg/l - _____ Nitrates, mg/l - _____ Phosphates, mg/l - _____ Suspended substances, mg/l - _____ Sulfates, mg/l - _____ Surfactants, mg/l - _____ Other - _____ Other - _____
Effluent treatment requirements by type of contaminant:	BOD_5 , mg/l - _____ COD, mg/l - _____ PH - _____ Ammonia nitrogen, mg/l - _____ Nitrites, mg/l - _____ Nitrates, mg/l - _____ Phosphates, mg/l - _____ Suspended substances, mg/l - _____ Sulfates, mg/l - _____ Surfactants, mg/l - _____ Other - _____ Other - _____
Please specify your wishes that we need to take into account:	
According to the treatment process	
By quality of treatment	

Date of completion: _____ Person and signature_____