

Initial information only

Water Treatment / Filtration System Design Questionnaire

Project: _____ Date: _____

Contact: _____ Tel: _____ Fax: _____

1. General Information

Water Source: _____

Treated Water Usage: _____

Existing WT Facilities: _____

Daily Water Usage: _____ (m3) Weekly Water Usage: _____ (m3)

Working Flow Rate: _____ (m3/hr) Max Flow Rate: _____ (m3/hr)

Design Flow Rate: _____ (m3/hr)

Working Pressure: _____ (Bar) Max Working Pressure: _____ (Bar)

2. Special Requirements

Storage Tanks: _____

Booster Pumps: _____

Construction Materials: _____

Space Limitations: _____

Specific Standards: _____

3. Existing Site Services

Power: _____ Compressed Air: _____

Drainage Point: _____

Please fill the available water quality data below:-

PARAMETER		PARAMETER	
Temperature (°C)		pH	
Total Suspended Solid (mg/l)		Total Dissolved Solids (mg/l)	
BOD (mg/l)		COD (mg/l)	
Turbidity (NTU)		Conductivity (MicroMho/cm)	
Alkalinity (CaCO ₃) (mg/l)		Hardness (as CaCO ₃) (mg/l)	
Chlorides (mg/l)		Sulphate (mg/l)	
Nitrate (mg/l)		Nitrite (mg/l)	
Iron (Fe) dissolved		Manganese (mg/l)	
Magnesium (mg/l)		Phosphate (mg/l)	
Dissolved (CO ₂) (mg/l)		Dissolved O ₂ (mg/l)	
Dissolved H ₂ S (mg/l)			
Colour		Particle Size Distribution	
Odour		< 10 micrometer (mg/l)	
		10-20 micrometer (mg/l)	
		20-30 micrometer (mg/l)	
Total Bacteria (No./100ml)		30-60 micrometer (mg/l)	
Total Coliform (No./100ml)		60-100 micrometer (mg/l)	
Faecal Coliform (No./100ml)		100-300 micrometer (mg/l)	
Faecal Streptococci (No/100ml)		> 300 micrometer (mg/l)	
		TOTAL (mg/l)	

Comments: (Please Specify the Required Treatment)
