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Date:

Questionnaire wastewater situation:

Address: Company name: Street: Postcode / city: Country: Contact person: Tel/Fax:	Compan	y stamp:
Email: Mobile phone:		
	te this questionnaire as far as possible. Even partial into the treated with due discretion; if required secrecy car	
Questions:		
1. Miscellaneous in	formation	
Branch: No. of employees: Production hours/day: O 1-shift operation O 2-shift operation O 3-shift operation O 24 hour operation		
2. Wastewater situal O indirect discharge O direct discharge O closed process		
Wastewater volumes	: m³/hour	
	m³/day m³/week m³/year	
Peak load: O YES O NO		
Max. load How often?	_ m³/hour -	
Kind of wastewater: Please also state branch/proce	esses involved in wastewater production (i.e. foodstuffs, abattoirs, ca	ır wash facility)
		



wastewater analysis:	
- Has your wastewater ever been analyzed? O YES	
- If yes, please state the name/location of the institute:	
- Please attach a copy of the analysis sheet!	
Loads: (i.e. heavy metals, etc.) Temperature:	
Temperature:	
pH value:	
Total parameters Value	
Threshold value/	
target value	
Chemical oxygen demand (COD)in mg/l:	
Biochemical oxygen demand (BOD) in mg/l:	
Total organic carbon (TOC) in mg/l:	
Nitrogon (total) in mg/l:	
Phosphorous (total) in mg/l:	
Adsorbed organic halogen compounds (AOX) in mg/l:	
Other (such as complex formers, etc.)	
, , ,	
Do you already have a wastewater treatment unit If YES, please state the make/model:	? O YES O NO
Description of the wastewater treatment unit:	
Year of manufacture:	
O Pre-separator Make/model:	
Means of treatment (such as batch neutralisation, etc.):	
O Chemical treatment	
O Floatation	
O Membrane separation	
O Biological wasterwater treatment	
O Other (please state (i.e.ozone treatment,) .	
Reasons for measure	
O Need to comply with statutory threshold values	
O Wish to reduce trade effluent surcharges	
O Other	
O Other	