

**Wastewater Application Questionnaire**

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Please supply any available specifications, drawings or additional information that might help Bauer better understand the application and provide the most effective and efficient solution.

Person completing form:		Title:	
Date:	Company		
Phone:	Address:		
Fax:	City		
Email:	State, Zip		

**General Information:**

Location of the facility:


Raw materials processed at the facility:


Type of process & chemicals utilized at facility that contribute to the waste stream(s):


Products produced:


What are your main reasons for addressing wastewater treatment (environmental compliance, economic considerations, recycle/reuse, other, etc.):


Is a wastewater analysis available? Y  N  (if yes, please attach)

**Desired System**

Please provide a description of the current system, if any. Please attach a sketch with flows labeled.


Describe preferred system technology, if any. Please note any technologies you wish to avoid.


Is a batch or continuous design preferred? B  C

**Influent Data and Effluent Requirements**

As it may be advantageous to segregate and treat some of the streams separately, please list the influent wastewater stream(s) and expected effluent stream(s) below. Also, please provide influent data and effluent requirements for each stream (to the greatest extent possible) in the Wastewater Stream Data table of the following page.

We have provided room to list 4 influent streams and 1 effluent stream. If more are present, please attach all available information. Please note that several blanks have also been provided should you wish to include information that has not been specifically requested in the table.

**Influent streams**

1. Stream Name	
Description	
2. Stream Name	
Description	
3. Stream Name	
Description	
4. Stream Name	
Description	

**Effluent Streams**

1. Stream Name	
Description	

Are there any other target effluent standards?

**Constraints (if applicable)**

Desired footprint (please describe the available installation size, including ceiling heights, door dimensions and any other restriction concerns)


Available utilities (air, nitrogen, electric, steam, water, drain, etc.)


Inside or outside installation? (please describe)


**Permits**

Are you discharging to the POTW? Y  N  (please check)

If so, please attach the discharge permit. If not, please describe and attach any applicable documentation.




