



# INDUSTRIAL FLUID MANAGEMENT, INC.

## FILTRATION DESIGN REQUEST FORM

Date | Month | Day | Year

Contact Name			
Company Name			
Address			
City		State / Province	
Postal / Zip code		Country	
Phone		Email	

### PROJECT INFORMATION

Project Name			
Location			

<input type="checkbox"/>	Water	<input type="checkbox"/>	Wastewater
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Existing Treatment?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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### FEED CHARACTERISTICS

(fill in as much as possible)

Source of Feed Water	
Flow	GPD
Average Flow	GPM
Peak Flow	GPM
Temperature	°F °C
TDS	ppm
pH	su
BOD5	mg/L
TSS	mg/L
Ammonia	mg/L
Fe	mg/L
Hardness	gpg

## TREATMENT GOALS

Permit Requirements?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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## SAMPLING GOALS (TDS, TSS, ETC)

Please list:

## TREATMENT OPTIONS

(check expected treatment to be designed)

Water		Wastewater	
<input type="checkbox"/>	Ultrafiltration	<input type="checkbox"/>	Biological
<input type="checkbox"/>	Reverse Osmosis	<input type="checkbox"/>	Membrane
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Phys-Chem
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Additional Notes:

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Would you like a site visit to be scheduled by a IFM Project Manager?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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An IFM Project Manager will contact within 2 days for additional information if necessary.