



PROPOSAL INFORMATION FORM

Customer Information

Company _____
 Address _____

 Contact _____
 Title _____
 Phone _____
 Email _____
 Fax _____

Goals

- Water Reuse
- Water Reduction
- Discharge Compliance
- Surcharge Savings
- System Improvement
- Treatment Efficiency
- Plant Expansion
- Other

Facility Information

Process Type _____
 Operating Hours _____ per day _____ per week _____ per year
 Flow Rate
 GPM _____ ave GPM _____ max
 GPD _____ ave GPD _____ max
 Current Treatment Costs:

Water Parameters

	Prior to Treatment	Post Treatment	Discharge Limit
TSS	_____	_____	_____
BOD	_____	_____	_____
COD	_____	_____	_____
FOG	_____	_____	_____
TDS	_____	_____	_____
pH	_____	_____	_____
Temp	_____	_____	_____
TKN	_____	_____	_____
N	_____	_____	_____
P	_____	_____	_____
Sample Routine	_____	By Whom	_____



Existing Equipment

Current Chemical Program

Costs: _____

Treatment Issues

By: _____

Date: _____

**Please fax copy to AUQUIX, LLC at 360-210-5585
Questions? Please call #360-624-1343**

