SIRCO INDUSTRIAL, INC

- WATER TREATMENT SPECIALISTS -

Name _____ e-mail_____

Company _____ Address_____ Phone_____

What is the source of the water to be treated? _____Makeup water? DI or city_____

Flowrate _____GPM _____GPD _____ Hours/day of operation _____

If from Process Chemistry rinse(s), what is the chemical makeup of the water? _____

Tank configuration with rinses (tank matrix available?) _____ Automated?_____ Barrel or rack?_____

Type of parts_____ Dragouts available? _____ Spray rinses? _____

pH of the water ____ Total Dissolved Solids (ppm TDS) _____Temperature _____ Suspended Solids _____

Please list the contaminants in the water. (attach MSDS if available) or describe_____

Are there organics _____ Chrome_____ Cyanide_____

What is the desired destination for the treated water? Discharge_____ Recycle_____

If recycled, what is the quality desired (TDS) _____ pH _____

If discharged, do you have a discharge permit? ____ what are the local limits for Metals _____TDS ___ and pH _____

What is the timeframe that treatment is required? _____ Is funding available at this time? _____ Rent/Lease? _____

Are there permits in place for operation? Sanitation_____ Fire_____ DTSC_____ AQMD_____ EPA_____

Is there treatment equipment currently in place? _____ If so, describe _____

Comments :

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