

**QUESTIONNAIRE No \_\_\_\_\_**  
**REVERSE OSMOSIS CHEMICAL WATER TREATMENT**

***1. General information about the consumer:***

<b>Company:</b>	
<b>Address:</b>	
<b>Name, position of responsible person:</b>	
<b>Tel./fax:</b>	
<b>E-mail:</b>	
<b>Date:</b>	

***2. Technical information about the reverse osmosis unit***

<b>The number of modules (pcs.) and the capacity of each (m<sup>3</sup>/h)</b>	
<b>Membranes manufacturer and type</b>	
<b>The number of stages and tube in each stage, pcs.</b>	
<b>The number of membrane elements in each tube, pcs</b>	
<b>Quantity of feed water, m<sup>3</sup>/h</b>	
<b>Quantity of permeate (capacity), m<sup>3</sup>/h</b>	
<b>Concentrate flow, m<sup>3</sup>/h</b>	
<b>Capacity of recycling (if available), m<sup>3</sup>/h</b>	
<b>Percentage of Recovery, %</b>	
<b>Pressure, Bar</b>	
<b>Raw water source</b>	
<b>Temperature, °C</b>	
<b>Conductivity of raw water, μS/cm or TDS, mg/l</b>	
<b>Suspended solids, mg/l</b>	
<b>SDI index</b>	
<b>pH of raw water</b>	

**3. Present Water Treatment:**

<b>Coagulant (type; dose mg/l)</b>	
<b>Flocculant (type; dose mg/l)</b>	
<b>Biocide (type; dose mg/l)</b>	
<b>Sodium bisulphite (type; dose mg/l)</b>	
<b>pH correction (acid type; dose mg/l)</b>	
<b>Antiscalant (type; dose mg/l)</b>	
<b>Alkaline cleaning (type; dose )</b>	
<b>Acid cleaning (type; dose )</b>	
<b>Other</b>	

**4. Feed water parameters:**

<b>Cations</b>		<b>Anions</b>	
<b>Total hardness, meq/l</b>		<b>Total M-alkalinity, meq/l</b>	
<b>Calcium, ppm</b>		<b>Carbonates, ppm</b>	
<b>Magnesium, ppm</b>		<b>Bicarbonates, ppm</b>	
<b>Sodium, ppm</b>		<b>Chlorides, ppm</b>	
<b>Potassium, ppm</b>		<b>Silphates, ppm</b>	
<b>Ammonia, ppm</b>		<b>Silica, SiO<sub>2</sub> ppm</b>	
<b>Barium, ppm</b>		<b>Phosphates, ppm</b>	
<b>strontium, ppm</b>		<b>Nitrates, ppm</b>	
<b>Iron, ppm</b>		<b>Fluoride, ppm</b>	
<b>Aluminum, ppm</b>		<b>Carbon dioxide, ppm</b>	

Please send the filled questionnaire by mail: [info@in-eco.biz](mailto:info@in-eco.biz). Thank you.