Trowalpur[®] Recycling and Effluent Treatment *QUESTIONNAIRE For Mass Finishing Applications*

In order to assist us with recommending the best solution for your effluent treatment application please fill out this form completely. A quotation will be generated within maximum of three weeks after receipt of this information.

Company:		Co	ntact:									
Address:												
Phone: Fax:												
Mass finishing machine manufacturer	Type / Size		Outflow height of eff mass-finishing mac								l/day	
Total volume of effluent to be												
	ater in the table above (e.g. barrels or vibes). If the volumes are irregular, specify v much water is changed during these irregular discharges.											
Source of effluent:		Continuous (e.g. vibe)										
		Batch (e.g. barrel machine), Explain current situation										
Compound used:												
(Type / Supplier)												
Compound dosing:		0.2% to 1.0% in water										
		More than 1.0% in water										
Media used:												
(Type / Supplier)												
Media consumption:		Less than 25 kg / day					Approximately kg / day					
Material(s) being processed:		steel zinc				copper brass						
		aluminum stainless steel			nless steel] other:				
Contamination on parts:		🗌 oil] oil 🗌 emulsion				other:					
Method of drying parts after		corn cob	corn cob hot a			other:						
finishing:		dryer		dryer								
Daily working time:		1- shift		2- shifts		3- shifts				hrs/day		
Type of effluent system required:		Manual floc Automatic floc			omatic	Manual centrifuge					Aut. peeling centrifuge	
Space available for installation:		Length x Width x Height										
		(Please attach a sketch of the proposed layout of the system relative to other equipment in the area)										
Smallest entrance to area of installation:		Length x Width x Height										
		(Please measure the smallest opening the system will need to go through prior to installation)										
General installation information:		on same floor as mass finishing eq'tOther key points:										
Reason for effluent treatment need		Compliance issue Water/compound recycling desired										
		Other:										
Other important information												
Date quotation needed by:												
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Form completed by		Phone		Fax			Ema				Date	