

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: _____ Contact: _____
 Address: _____
 Phone: _____ Fax: _____

Mass finishing machine manufacturer	Type / Size	Outflow height of effluent from mass-finishing machine(es)	l/h	l/day
Total volume of effluent to be treated:				

Please include the volume of rinsing water in the table above (e.g. barrels or vibes). If the volumes are irregular, specify how often and how much water is changed during these irregular discharges.

Source of effluent:	<input type="checkbox"/> Continuous (e.g. vibe)			
	<input type="checkbox"/> Batch (e.g. barrel machine), Explain current situation:			
Compound used: (Type / Supplier)				
Compound dosing:	<input type="checkbox"/> 0.2% to 1.0% in water			
	<input type="checkbox"/> More than 1.0% in water			
Media used: (Type / Supplier)				
Media consumption:	<input type="checkbox"/> Less than 25 kg / day	Approximately kg / day		
Material(s) being processed:	<input type="checkbox"/> steel	<input type="checkbox"/> zinc	<input type="checkbox"/> copper	<input type="checkbox"/> brass
	<input type="checkbox"/> aluminum	<input type="checkbox"/> stainless steel	<input type="checkbox"/> other:	
Contamination on parts:	<input type="checkbox"/> oil	<input type="checkbox"/> emulsion	<input type="checkbox"/> other:	
Method of drying parts after finishing:	<input type="checkbox"/> corn cob dryer	<input type="checkbox"/> hot air dryer	<input type="checkbox"/> other:	
Daily working time:	<input type="checkbox"/> 1- shift	<input type="checkbox"/> 2- shifts	<input type="checkbox"/> 3- shifts	<input type="checkbox"/> hrs/day
Type of effluent system required:	<input type="checkbox"/> Manual floc	<input type="checkbox"/> Automatic floc	<input type="checkbox"/> Manual centrifuge	<input type="checkbox"/> 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:	<input type="checkbox"/> on same floor as mass finishing eq't		<input type="checkbox"/> Other key points:	
Reason for effluent treatment need	<input type="checkbox"/> Compliance issue		<input type="checkbox"/> Water/compound recycling desired	
	<input type="checkbox"/> Other:			
Other important information:				

Date quotation needed by: _____

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Form completed by	Phone	Fax	Email	Date