



ACID PURIFICATION UNIT CUSTOMER APPLICATION QUESTIONNAIRE

Contact Name: _____
Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Tel.: _____ Fax: _____ email: _____

Please supply the information requested below. This information will enable us to discuss your specific process & equipment requirements.

Acid Tank #1: List type(s) of acid to be purified / recovered:

a. Type(s) _____ Conc.(s): _____

Major Dissolved metal(s):

b. Type: _____ Concentration at dumping: _____

c. Type: _____ Concentration at dumping: _____

Process Tank Dump (decant) frequency: _____ Volume: _____

Acid Tank #2: List type(s) of acid to be purified / recovered:

a. Type(s) _____ Conc.(s): _____

Major Dissolved metal(s):

a. Type: _____ Concentration at dumping: _____

b. Type: _____ Concentration at dumping: _____

Process Tank Dump (decant) frequency: _____ Volume: _____

Process Tank Dump (decant) frequency: _____ Volume: _____

OPTIONAL INFORMATION FOR PAYBACK CALCULATION:

1. What is the purchase price **per gallon** for the acid: 1.) \$ _____ 2.) \$ _____
2. Do you haul the waste acid off-site or neutralize in-house? _____
3. What is the purchase price **per pound** of the caustic utilized for treatment? \$ _____
4. Is there an existing wastewater treatment system on-site? If so, describe: _____

