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## CUSTOMIZED EQUIPMENT FORM

Please enter the applicable information, and a representative will be in touch with you soon.

Fields marked with asterisk (\*) are mandatory.

### Section 1: Request for Customized Equipment Quotation

Name	
Title	
Company	
Address	
City	
State	
Zip Code	
Phone	
Fax	
Email	

Project Status

Purchase within 30 Days

Purchase 30-90 Days

Budgetary /Planning stage

### 2. Feed Water Conditions

Conductivity		pH	
KH4		CO2	
K		CO3	
Na		HCO3	
Mg		NO3	
Ca		Cl-	
Ba		F	
Sr		SO4	
Fe		PO4	
Fe (tot)		Mn	
SiO2(colloidal)		SiO2(soluble)	
Other Ions			
TDS			
TOC			
BOD			
COD			
Total Alkalinity (m-value)			
Carbonate Alkalinity (p-value)			
Total Hardness			
Turbidity (NTU)			
Silt density index (SDI)			
Bacteria (count/ml)			

1	What is the source of the feed water?	<input type="checkbox"/> Surface	<input type="checkbox"/> Well	
2	Is the source	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private	<input type="checkbox"/> Other
3	Is there a history of seasonal fluctuations in the water source or water quality?	<input type="text"/>		
4	Is there Chlorine present in the feed water supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is the concentration, mg/l <input type="text"/>
5	What is the feed water temperature?	<input type="text"/>		
6	Does the feed water temperature vary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is the range? <input type="text"/>
7	Is the raw water feed volume limited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, to what flow? <input type="text"/> <input type="checkbox"/> M <sup>3</sup> /day <input type="checkbox"/> GPD
8	Is Hydrogen Sulfide (H <sub>2</sub> S) present? Does the feed water have any color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, in what concentration level? <input type="text"/> mg/l.
9	Does the feed water have any color?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No
10	What is the feed water pressure?	<input type="text"/> PSI	<input type="text"/> Bar	

### 3. System Sizing

1	What is the daily volume of product water required per day?	<input type="text"/>	<input type="checkbox"/> M <sup>3</sup> /day <input type="checkbox"/> GPD
2	What is the volume of product required per hour?	<input type="text"/>	<input type="checkbox"/> M <sup>3</sup> /HR <input type="checkbox"/> GPH
3	If possible, project future product water requirements 1-3 years from now.	<input type="text"/>	<input type="checkbox"/> M <sup>3</sup> /HR <input type="checkbox"/> GPH
4	How many hours per day is product water required? How many days per week?	<input type="text"/>	

5	What are the product water quality (level of purity) requirements? Please describe in as much detail as possible.	
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6	Does the product water quality need to meet any specific standard like US EPA, WHO, ASTM, USP, WFI, Etc.? Please describe in detail.	
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7	What is maximum number of days the R.O. system will not be in operation?	<input type="text"/>
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#### 4. Instrumentation

1	Are there any special control or instrumentation requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2	Does this application require digital outputs for data transmission to a remote computer or monitor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe in detail.
		<input type="text"/>		

#### 5. Site Conditions

1	Where will the reject water from the R.O. system go?	
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2	How much space is available for this system?	<input type="text"/> Length	<input type="text"/> Width
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3	What is the maximum door size opening?	<input type="text"/> Width	<input type="text"/> Height
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4	What is the available electrical power?	
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5	What is the electrical cost per KWH?	<input type="text"/> U.S. dollars
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6	What is the cost of the water to be treated?			per		
7	In which environment will the system be located?	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor			
8	What are the atmospheric conditions to which the System will be exposed? (Example: corrosive, damp, dusty, hazardous/explosive fumes or dust, extreme heat, etc.)					
9	What is range of the ambient air temperature variations?		to			
10	What is the approximate date that this system is required to be in operation?	fdtg				
11	If engineering specifications and/or drawings are available, please provide a copy.					
12	Are there storage facilities for the product water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what is the capacity? Material type? <table border="1" data-bbox="1084 1346 1263 1430"> <tr><td></td></tr> <tr><td></td></tr> </table> <input type="checkbox"/> Gallons <input type="checkbox"/> M3		
13	How many hours per day is the facility staffed?					
14	Is this a constant or intermittent duty application?					
15	What is the anticipated product water PSI requirement?					
16	Describe the overall application					