



www.advancees.com
 Phone: +1 (954) 857 18 95
 E-Mail: sales@advancees.com

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 ³ /day <input type="checkbox"/> GPD
8	Is Hydrogen Sulfide (H ₂ 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 ³ /day <input type="checkbox"/> GPD
2	What is the volume of product required per hour?	<input type="text"/>	<input type="checkbox"/> M ³ /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 ³ /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?	<input type="text"/>	to	<input type="text"/>	
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?	<input type="text"/> <input type="text"/> <input type="checkbox"/> Gallons <input type="checkbox"/> M3
13	How many hours per day is the facility staffed?	<input type="text"/>			
14	Is this a constant or intermittent duty application?	<input type="text"/>			
15	What is the anticipated product water PSI requirement?	<input type="text"/>			
16	Describe the overall application	<input type="text"/>			