

BSK®-Surface Aerators

Questionnaire for Project-Details

1. GENERAL INFORMATION

1.1 Name / Title:

1.2 Company:

1.3 Street:

1.4 Postcode – City:

<input type="text"/>	<input type="text"/>
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1.5 Country:

1.6 Phone:

1.7 Fax:

1.8 E-mail:

1.9 Additional Information:

2. PROJECT DETAILS

2.1 Project code:

2.2 Country / location of the project:

<input type="text"/>	<input type="text"/>
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2.3 New installation or retro-fit?

retrofit

new installation

2.4 Floating or fixed installation?

floating

fix installation

2.5 No. of aeration tanks:

<input type="text"/>	each
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2.6 Shape of tank(s):

round, diameter = m

square, L x B = m x m

2.7 Quantity of aerators (per tank): units

2.8 Kind of waste water:

2.9 Height above sea level: m

2.10 Water depth:

constant m

changing from to m

2.11 Distance bridge (top) to water level: m

2.12 O₂-input capacity of each turbine: kgO₂/h

2.13 Daily operation hours: h

2.14 Required speed control:

none, as speed should be constant

two speeds (RPM) with following relation:
100:

frequency controlled motor for adjustable speed

2.15 Technical requirements:

service factor: 1.0 1.5 2.0

bearing life time: h

ISO-class: F H

protection grade: IP 55 IP 65

thermo-control: yes no

- 3.6 Price:
- turbine(s) with drive system
 - turbine(s) with drive and floating system
 -
 - FOT BIOGEST workshop
 - FOB
 - including packing:
 - standard (truck)
 - seaworthy (ship)
 - CFR
 - CIF
 - DDP
 - DDU
 - others:
- 3.7 Quotation language:
- German English French
 - Italian
- 3.8 Quotation dead lines:
- soon, but not later than
 - ASAP, but not later than
 - urgent, we need the quotation by
 - by mail by fax by e-mail
- 3.9 Needed information material:
- bulletin "BSK[®]-Turbine" (..... copies)
 - bulletin "Technical Information" (..... copies)
 - description gear-box and motor (..... copies)



other requirements:

Three empty rectangular boxes stacked vertically for providing other requirements.

3.10 Enclosed project-information:

specifications

copy of tender document

plant drawings

others:

.....

3.11 Responsible person in charge:

name:

Empty rectangular box for name.

direct phone no.:

Empty rectangular box for direct phone number.

mobile phone no.:

Empty rectangular box for mobile phone number.

.....
(Place)

.....
(Date)

.....
(Signature)

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