

UV INQUIRY SHEET

ENAGUA ENLIGHT NON-CONTACT UV DISINFECTION SYSTEM			
Proposal Request Form for Wastewater UV Disinfection System			
Date:		Proposal Due Date:	
Requested by:		Proposal Type:	
Customer Information (Project Location)			
Company:			
Address:			
Email:		Country:	
Contact:		Tel:	
		Fax:	
Project Name:			
Design Engineer/Consulting Engineer Information			
Company:			
Address:			
Email:		Country:	
Contact Person:		Tel:	
		Fax:	
Flowrate of Wastewater to be Disinfected:			
PARAMETER	VALUE		
Minimum Flowrate			
Average Flowrate			
Peak Flowrate:			
Peak Duration (time):		Peak Duration (time):	
Peak Frequency (time):		Peak Frequency (time):	
Disinfected Wastewater Discharged to:			
Origin of Wastewater:			
% of Domestic wastewater			
% of Industrial wastewater			
Type of Industry			
CSO Contribution			
Treatment of Wastewater:			
QUESTION	DETAIL		
Wastewater plant is:			
Pretreatment process being used: (Ex: MBR, Sand Filtration, Nitrification)			
Chemical Additions: (Detail type and amount)			

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Description of UV System Required			
Question	Detail		
Type of UV System:			
If Open Channel:	Number of Channels:		
	Channel Dimensions:		
If In-Pipe System:	Pressurized with:		
	Pipe work DN/ANSI:		
	Operating Pressure:		
Influent Water Quality Data			
PARAMETER	AVERAGE		MAXIMUM
Turbidity		NTU	
BOD		mg/l	
Suspended Solids *		mg/l	
Total Dissolved Solids		mg/l	
FOG		mg/l	
Average Particle Size (s/s)		Microns	
Total Iron		mg/l	
Mn		mg/l	
UV Transmission (UVT%) *		%	
Water Temperature		° C /°F	
* Notes Required Data			
Target Pathogen and Disinfection Limit			
PARAMETER	UV-INFLUENT		DISINFECTION LIMIT
		CFU/100 ml	
UV Dose Required^		(mj/cm ²)	
^Note: Leave BLANK if requesting Enaqua to recommend UV Dose based on influent water quality, and disinfection			
Notes/Comments			
Contact Information (Please send completed form via web-site or email)			
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