



Commercial Inquiry Form

Date Requested _____ Date required _____ Est. Project closing _____
Project Name _____ Location _____
Distributor Name _____ Project Contact _____
Phone # _____ Facility New Existing If Existing, technology used _____
Engineer involved with project Yes No Name Engineering firm/Contact _____

APPLICATION TYPE

Residential

Commercial

Industrial

Type of Facility & Characteristics of Wastewater (Examples: restaurant, school, office, nursing home, gas station, residential development) _____

Explain Use of Facility _____

Additional comments (Special circumstances/needs, using existing equipment, site constraints, budget constraints) _____

Design flow _____ (ie. 9,000 GPD or 34m³/day) Metered flow _____

Any daily flow fluctuations or variances? If YES, please explain _____

Influent Loadings (mg/L) BOD _____ TSS _____ TKN _____ FOG _____ Water temperature _____ Other _____

Effluent Requirements (mg/L) BOD _____ TSS _____ TN _____ E.coli/Fecal/Total Coliform _____ MPN/CFU
Other _____

Regulatory Standard or Treatment Standard (Ex. Treatment level 2 or Treatment Standard A) _____

Testing or Reporting Requirements _____

Method of Discharge for Effluent (gravity, subsurface, drip, spray irrigation, direct discharge) _____

Electricity Requirements (1-phase, 3-Phase, Voltage, 50Hz, 60Hz) _____

Other Competitors Bidding on Project? _____

Additional Information _____

Send this completed form to your sales team sales@biomicrobics.com