

# **FILTERTECH** *Industrial Liquid Filtration Systems*

**Main Office / Factory:**

113 Fairgrounds Drive  
PO Box 527  
Manlius, NY 13104-0527  
Tel: (315) 682-8815  
Fax: (315) 682-8825

Web: [www.filtertech.com](http://www.filtertech.com)

**West Region Office:**

8400 South Kyrene Road  
Suite 227  
Tempe, AZ 85284  
Tel: (480) 775 1111  
Fax: (480) 775 0604

## **Testing Requirements and Fact Sheet for Process and Wastewater**

**(Please email completed form to [info@filtertech.com](mailto:info@filtertech.com) or fax to 315-682-8825)**

The information you provide will aid in determining the feasibility of developing a procedure to chemically and/or physically treat your representative sample of your process or wastewater for its reuse, permitted discharge or other noted purpose.

Filtertech will conduct a test on the sample to determine an optimum treatment process and offer the results in a detailed report then make equipment recommendations. There is no charge for this initial service.

Please provide:

- Please send (2) two gallons of a representative sample
- MSDS sheets
- Special handling requirements
- Appropriately contained in leak preventive packaging

Send samples to:

**Filtertech Inc.**  
**113 Fairgrounds Drive**  
**Manlius, NY 13104**  
**Attn: Joe Smith**

Identification:

Date: \_\_\_\_\_

Process or Wastewater Generator  
Company:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Contact(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Application Details:

What type of process generated this wastewater? \_\_\_\_\_

What is the fluid operating temperature? \_\_\_\_\_ °F \_\_\_\_\_ °C

Has this sample been altered since sampling (e.g. pH adjusted)? Yes\_\_ No\_\_

Volume of wastewater generated per day? \_\_\_\_\_ Gallons

What quantity of process or wastewater do you wish to treat per day? \_\_\_\_\_

Do you have a process or wastewater Holding tank? \_\_\_\_\_

Capacity: \_\_\_\_\_ gallons

Agitation or mixing: Yes \_\_ No\_\_

Will treated water be: Recycled \_\_\_\_\_

Discharged to sewer \_\_\_\_\_

Other \_\_\_\_\_

Does this facility have a discharge permit? Yes \_\_ No\_\_

If yes, please attach copy of County permit with discharge limits \_\_\_\_\_

What is your present requirement or concern?

\_\_\_\_\_  
\_\_\_\_\_

Please describe current disposal method and items of concern:

\_\_\_\_\_  
\_\_\_\_\_

Please provide all other relevant information including prior analytical reports, MSDS's on known cleaning agents, solvents, etc and attach to this request form with the sample.

\_\_\_\_\_  
\_\_\_\_\_