Filtration Checklist

Project name: ________________________________

Customer: ________________________________
(if required)
Name
Street
Phone
E-mail

Project management: ________________________________
(if required)
Name
Street
Phone
E-mail

Water analysis:
chemical/physical analysis available: ☐ yes, see appendix biological analysis: ☐ yes, see appendix

Raw water description:
Pre-treatment available: ☐ no ☐ yes, which ________________________________

Design data:
Intended use of raw water
Required filter output
Operating time per day
Required purity
☑ Drinking water pursuant to common Drinking Water Standards
☑ Process water pursuant to following specification
Max particle size: ________________________________

Pure water
☑ in intermediate storage ☐ in system with network pressure
Operation of the unit
☐ fully-automatic ☐ manual
Back-flushing of the unit
☐ with raw water ☐ from intermediate storage
Installation space
☐ no ☐ yes, dimensions (LxBxH) ________________________________

Remarks: ________________________________________________________________

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