

Enquiry

Quotation

Order

Contact data

(The full privacy policy can be seen online at www.hydrogroup.biz/company/information-on-data-protection.html)

I agree to my data being processed

Project name:

Company:

Name, first name:

Address:

E-Mail:

Phone:

Please tick

Own water supplier: <input type="checkbox"/>	Private household(s): <input type="checkbox"/>
Public supplier: <input type="checkbox"/>	Other: <input type="text"/>

- Origin of the raw water:

Spring: <input type="checkbox"/>	Surface water: <input type="checkbox"/>
Well: <input type="checkbox"/>	Other: <input type="text"/>

- Is water turbidity known or expected in the most unfavourable scenario?

yes no

- Please enclose or enter here raw water analysis/analyses in acc. to Drinking Water Ordinance:

Date of analysis:	<input type="text"/>				
Temperature:	<input type="text"/>	° C	E.coli:	<input type="text"/>	/100 ml
PH value:	<input type="text"/>		Enterococci:	<input type="text"/>	/100 ml
SSK254:	<input type="text"/>	m ⁻¹	Iron:	<input type="text"/>	mg/l
Turbidity:	<input type="text"/>	NTU	Manganese:	<input type="text"/>	mg/l
Nitrate:	<input type="text"/>	mg/l	Nitrite:	<input type="text"/>	mg/l
DOC:	<input type="text"/>	mg/l	TOC:	<input type="text"/>	mg/l
Transmission T10:	<input type="text"/>	%	SAK436:	<input type="text"/>	m ⁻¹

- Maximum possible water flow through the UV system:

m³/h l/s l/min

- Minimum possible flow:

m³/h l/s l/min

- Maximum downtime: h/d

- Waste water connection with unpressurized run-off present: yes no
Nominal width: DN
- Power connection present: yes no 230 V 400 V
- Annual consumption, drinking water: m³/a
- Peak daily demand: m³/d
- Peak hourly demand: m³/h
- Pipeline nominal width, existing: mm
- Operating pressure: bar
- Pipeline material, existing:
- When installed downstream of pressure booster system or well pump:
 - Feed pump(s) data: Number of individual pumps
 m³/h bar kW V
 - Pressure tank volume: Liters
 - Diaphragm pressure tank: yes no
 - Pump enabled by UV system: yes no
- Building/room for system installation: existing new building
- Has the public health authority been informed of the measure? yes no
- Has the public health authority imposed any conditions?
- Note:
Please enclose photos/plans/diagrams of the existing or planned location for the UV system.
- Please save the completed form and send it to us as an e-mail attachment to sales@hydrogroup.de with the key word "UV system".
Many thanks.