

KLARO GmbH Spitzwegstraße 63 95447 Bayreuth Germany Tel.: +49 921 162 79-333 Fax: +49 921 162 79-300	<u>Client:</u>	<u>Project name:</u>
	Street:	Project address:
	Zip code/ City:	Street:
	Country:	Zip code/ City:
	Telephone:	Country:
	E-Mail:	

Questions for the design of wastewater treatment plants for brewery wastewater

a) Information about the brewery

① Working time:	_____ hours/day	_____ days/week	_____ weeks/year
② Number of brewing days per week:	_____ /week		
③ Maximum amount of beer produced:	_____ l/day	_____ l/year	
④ Altitude above the sea level:	_____ m		

b) Industrial wastewater

① Maximum daily wastewater flow:	_____ m ³ /day	
② Wastewater analyses (If more samples were analyzed, please attached the analyses)		
Sample 1 – Date: _____	Sample 2 – Date: _____	Sample 3 – Date: _____
BOD ₅ _____ mg/l	BOD ₅ _____ mg/l	BOD ₅ _____ mg/l
COD _____ mg/l	COD _____ mg/l	COD _____ mg/l
SS _____ mg/l	SS _____ mg/l	SS _____ mg/l
P _{tot} _____ mg/l	P _{tot} _____ mg/l	P _{tot} _____ mg/l
N _{tot} _____ mg/l	N _{tot} _____ mg/l	N _{tot} _____ mg/l
Conductivity _____ μS/cm	Conductivity _____ μS/cm	Conductivity _____ μS/cm
pH _____	pH _____	pH _____
③ Used cleaning and disinfection products: _____ _____ _____		
④ Is solid matter retained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c) Domestic wastewater

① Domestic wastewater has to be treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please do not fill in ② - ⑤)
② Number of employees:	_____	
③ Houses/apartments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Maximum number of residents:	_____	
④ Restaurant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Daily opening hours:	From _____ to _____	
- Yearly opening times:	<input type="checkbox"/> All year	<input type="checkbox"/> From _____ to _____
- Number of seats:	_____	
- Number of meals per day:	_____	
- Is there a grease separator?	<input type="checkbox"/> Yes NS: _____	<input type="checkbox"/> No
⑤ Are there any special events on site?	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No
- Maximum number of guests per day:	_____	
- Particularities:	_____	

d) Treatment target

① Wastewater should be <u>just</u> pretreated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
② Wastewater should be completely treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
③ Required effluent values:		
BOD ₅ _____ mg/l	P _{tot} _____ mg/l	Tot. coliforms _____ CFU/100ml
COD _____ mg/l	NH ₄ -N _____ mg/l	pH _____
SS _____ mg/l	N _{tot} _____ mg/l	Others: _____

Bemerkungen/Sonstiges:

Date: _____

Signature: _____