



QUESTIONNAIRE

WEIRS

EKOTON Industrial group

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CUSTOMER'S INFORMATION:

Company name:

Address of the company:

Contact person: Position:

(First name, Family name)

Tel.: Fax: E-mail:

WEIRS

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1. The amount of primary clarifiers pcs

diameter m other

2. The amount of secondary clarifiers pcs

diameter m other

3. Should be replaced:

- | | |
|---|---|
| <input type="checkbox"/> weirs | <input type="checkbox"/> trim the central cap |
| <input type="checkbox"/> semi-submersible board | <input type="checkbox"/> fully central cap |

4. Supply water to the plan:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> one-sided | <input type="checkbox"/> two-sided |
|------------------------------------|------------------------------------|

5. Material of the tray:

- | | |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> metal | <input type="checkbox"/> concrete |
|--------------------------------|-----------------------------------|

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6. Required material of weirs:

stainless steel

7. Required fasteners material:

stainless steel

8. Required material for brackets:

stainless steel

9. pH of incoming water:

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ADDITIONAL INFORMATION:

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.....
.....
.....
.....
.....

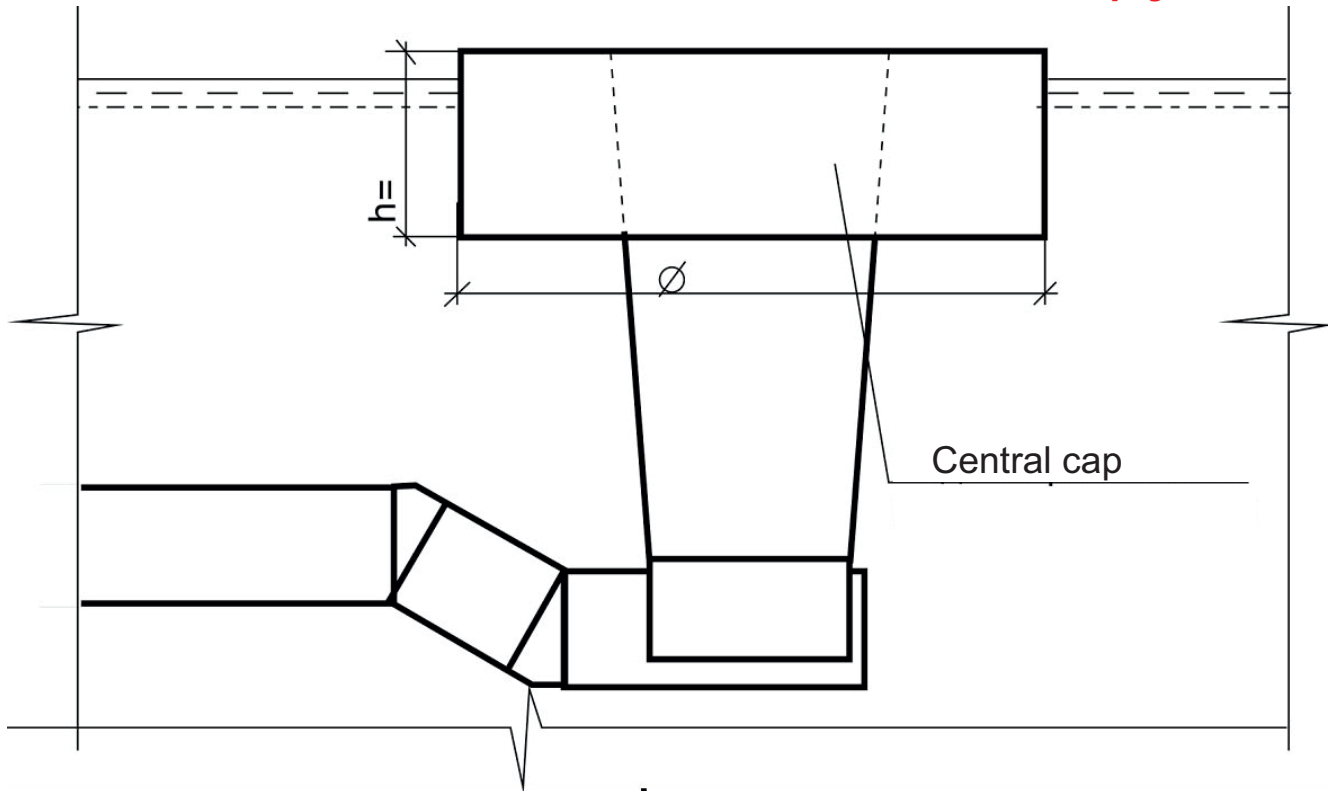
CUSTOMER:.....

SIGNATURE:

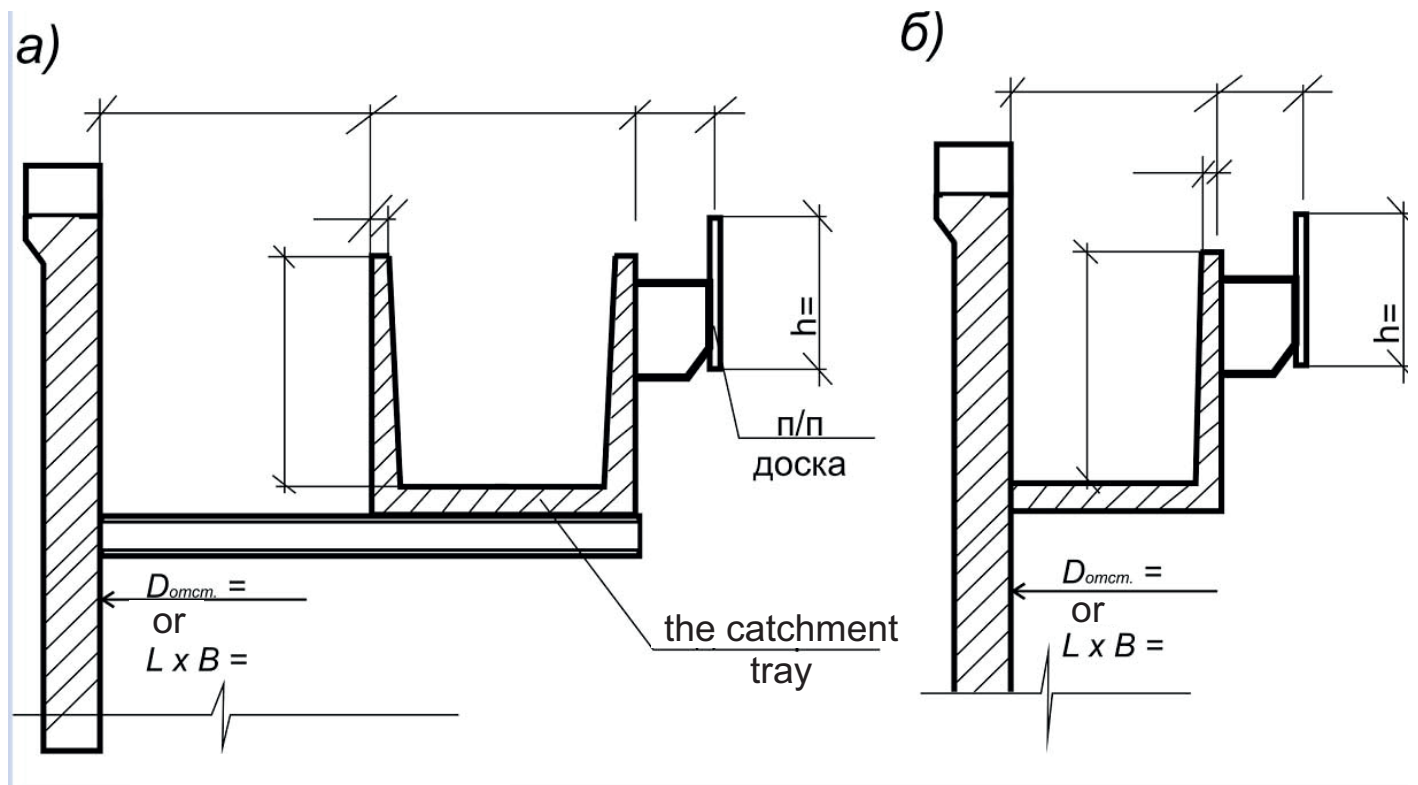
Date:

PREVIEW OF THE CENTRAL CAP (SPECIFY SIZE)

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PREVIEW OF OVERFLOW TRAYS (SPECIFY SIZE)



If you need:

- replacement of central cap on the polymer, indicate dimensions and make a preview;
- board the semi-submersible installation on existing brackets indicate their pitch, height and make a preview .