

Pure Cycle Environmental LLC

The sensible solution for recovery technology

www.purecycle.com

PLEASE FILL-IN, PRINT, & FAX THIS BACK TO: 203-288-4308 **PURE CYCLE ACID PURIFICATION UNIT CUSTOMER APPLICATION QUESTIONNAIRE**

Contact Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Tel.: _____ Fax: _____ email: _____

Please supply the information requested below (check in space provided where appropriate). This information will enable Pure Cycle to quote your specific process & equipment requirements.

Acid Tank #1: List type(s) of acid to be separated/recovered:

a. Type _____ Conc.: _____

Major Dissolved metal(s):

a. Type: _____ Concentration at dumping: _____

b. Type: _____ Concentration at dumping: _____

Process Tank Dump (decant) frequency: _____ Volume: _____

Acid Tank #2: List type(s) of acid to be separated/recovered:

b. Type _____ Conc.: _____

Major Dissolved metal(s):

c. Type: _____ Concentration at dumping: _____

d. Type: _____ Concentration at dumping: _____

Process Tank Dump (decant) frequency: _____ Volume: _____

OPTIONAL INFORMATION FOR PAYBACK CALCULATION:

1. What is the purchase price **per gallon** for the acid: 1.) \$ _____ 2.) \$ _____

2. Do you haul the waste acid off-site or neutralize in-house? _____

3. What is the purchase price **per pound** of the caustic utilized for treatment? \$ _____

4. Is there an existing wastewater treatment system on-site? If so, describe: _____

Comments: _____

Thank-you for giving Pure Cycle the opportunity to evaluate your recycling equipment requirements .

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