**ETP- QUESTIONNAIRE (for any type of Industries)**

1. Name & address of the Establishment :
2. Name, designation, phone number &

e mail id of the contact person :

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1. Type of treatment system preferred : MBBR/SAFF/FBR/

 

SBR/MBR

1. Effluent discharged per day/24 hours :
2. Number of working hours of the unit :

1. Number of hours planned to run the ETP :

 

1. Other affiliated effluent discharge units : Canteen/ cleaning units etc
2. Propose to utilize the treated effluent  

for any external application like : Toilet flushing/ Gardening

1. Whether intent to enter in to AMC for the

smooth operation of the plant **:**