

Information checklist for free estimate

Please email the completed form to info@ohr-labo.com

Company name		Department	
Person in charge	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Email	Tel.
Address		Postal/ZIP code:	Country:
Industry	<input type="checkbox"/> Chemical <input type="checkbox"/> Steel/metal <input type="checkbox"/> Automobile/machinery <input type="checkbox"/> Paper <input type="checkbox"/> Food <input type="checkbox"/> Beverage <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial waste disposal <input type="checkbox"/> Engineering <input type="checkbox"/> Other (please specify):		
Objective(s)	<input type="checkbox"/> Eliminate clogging/maintenance issues <input type="checkbox"/> Reduce electricity costs <input type="checkbox"/> Perform intermittent aeration <input type="checkbox"/> Upgrade treatment capacity <input type="checkbox"/> Prevent/churn up accumulated sludge <input type="checkbox"/> Other (please specify):		

For biotreatment use
Please complete in as much detail as possible

Wastewater volume: _____ m³/day

Equalization tank number and dimensions: _____ tank(s)
 L _____ m × W _____ m × min _____ m – max _____ m
 water depth _____ m

Pretreatment:
 Pre-sedimentation DAF None

Aeration tank details:

Number: _____ tank(s) Aeration time: _____ hour(s)/day

MLSS concentration: avg _____ max _____ mg/L

Water temperature in summer: _____ °C / _____ °F

Tank construction: Open Closed

Tank floor haunches: Yes (W _____ mm, H _____ mm) No Unsure

Aeration tank dimensions: Water depth _____ m

L _____ m × W _____ m × H _____ m _____ m × _____ m _____ tank(s)

L _____ m × W _____ m × H _____ m _____ m × _____ m _____ tank(s)

L _____ m × W _____ m × H _____ m _____ m × _____ m _____ tank(s)

Air blower performance:

Airflow rate _____ m³/min × Pressure _____ kPa / _____ bar / _____ psi Rated power _____ kW × _____ unit(s)

_____ m³/min × _____ kPa / _____ bar / _____ psi _____ kW × _____ unit(s)

Values at time of inflow into aeration tank

BOD: avg _____ max _____ mg/L

COD: avg _____ max _____ mg/L

SS: avg _____ mg/L

Ammonia nitrogen: avg _____ mg/L

Total sulphide: avg _____ mg/L

Oil and grease: avg _____ max _____ mg/L (FOG/HEM)

Return sludge volume: _____ m³/day

Sludge separation method:
 Sedimentation → Volume of sedimentation tank: _____ m³
 Membrane separation

Treated water discharge point: River Sea Sewer

Regulatory effluent limits:
 BOD _____ mg/L COD _____ mg/L

For non-biotreatment use

Objective(s):

Gas-liquid reaction Neutralization/pH adjustment Gas absorption/reaction Degassing Other: _____

Other Prevent anaerobization and decomposition of white water Churn up accumulated sludge Oxygen enrichment of dysoxic water Other: _____

Water depth _____ m

Tank volume: L _____ m × W _____ m × H _____ m _____ m × _____ m _____ tank(s) **Tank shape:** Cuboid Cylindrical

Requests/questions (current issues, technical questions, etc.)

▶ Should you require additional explanation or information, please feel free to contact us via any of the below

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2026/01