**FORM KUESIONER IPAL/WWTP ELEKTROKOAGULASI**

|  |  |  |
| --- | --- | --- |
| NAMA CUSTOMER | : |  |
| PERUSAHAAN | : |  |
| ALAMAT PERUSAHAAN | : |  |
| NO TELP / HP | : |  |
| ALAMAT EMAIL | : |  |

**PARAMETER LIMBAH**

|  |  |  |
| --- | --- | --- |
| JENIS INDUSTRI | : |  |
| KARAKTER LIMBAH | : |  |
| DEBIT LIMBAH PER JAM | : |  |
| PH | : |  |
| BOD | : |  |
| COD | : |  |
| TDS | : |  |
| TSS | : |  |
| TOC | : |  |
| NO3 | : |  |
| Lampirkan hasil uji laboratorium jika ada |

**INFORMASI TAMBAHAN LAINNYA**

|  |
| --- |
|  |

Apabila sudah diisi dan dilengkapi harap email ke:

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