

# SEWAGE TREATMENT PLANT

## CLIENT QUICK DATA SHEET

### For Preliminary STP Proposal & Quotation

Please provide the information below so we can prepare an initial recommendation and quotation for your project.

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## 1. CLIENT / PROJECT INFORMATION

**Company / Client Name:**

**Project Name:**

**Project Location:**

**Contact Person:**

**Contact Number:**

**Email Address:**

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## 2. TYPE OF PROJECT

Please select:

- ☐ Residential Condominium
- ☐ Subdivision
- ☐ Hotel / Resort
- ☐ Office Building
- ☐ Commercial Building / Mall
- ☐ Restaurant / Food Establishment
- ☐ School / University
- ☐ Hospital / Clinic
- ☐ Warehouse
- ☐ Industrial / Manufacturing Facility

- ☐ Institutional / Government Facility  
☐ Mixed-Use Development  
☐ Other: \_\_\_\_\_
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### 3. STP REQUIREMENT

**Required / Estimated STP Capacity:** \_\_\_\_\_ CMD / m<sup>3</sup> per day

Is this capacity:

- ☐ Confirmed Design Capacity  
☐ Based on Actual Flow  
☐ Estimated Only  
☐ Not Yet Determined

If capacity is not yet known, please provide:

**Estimated Number of Users / Occupants:** \_\_\_\_\_ persons

**Estimated Water Consumption:** \_\_\_\_\_ m<sup>3</sup>/day or m<sup>3</sup>/month

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### 4. WASTEWATER SOURCES

Please check all applicable wastewater sources:

- ☐ Toilets / Domestic Sewage  
☐ Showers / Lavatories  
☐ Kitchen / Canteen  
☐ Restaurant / Food Court  
☐ Laundry  
☐ Commercial Tenants  
☐ Hotel / Residential Units  
☐ Hospital / Medical Areas  
☐ Process / Industrial Wastewater  
☐ Other: \_\_\_\_\_

Is kitchen wastewater included?

- ☐ Yes  
☐ No

If yes, is there an existing grease trap?

- ☐ Yes
  - ☐ No
  - ☐ To Be Provided
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## 5. EXISTING FACILITIES

Is there an existing:

**Septic Tank?**

- ☐ Yes ☐ No

**Existing STP?**

- ☐ Yes ☐ No

If yes, please indicate existing STP capacity: \_\_\_\_\_ CMD

Reason for inquiry:

- ☐ New STP
  - ☐ Upgrade / Rehabilitation
  - ☐ Capacity Expansion
  - ☐ Failed Effluent Compliance
  - ☐ Equipment Replacement
  - ☐ New Development
  - ☐ Other: \_\_\_\_\_
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## 6. WASTEWATER LABORATORY ANALYSIS

Is a wastewater laboratory test available?

- ☐ Yes – Will Provide Copy
- ☐ No
- ☐ Not Applicable / New Project

If available, please provide the latest analysis for:

- ☐ BOD
- ☐ COD
- ☐ TSS

- ☐ Oil & Grease
  - ☐ pH
  - ☐ Ammonia
  - ☐ Total Nitrogen
  - ☐ Phosphorus
  - ☐ Coliform / E. coli
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## 7. TREATED WATER DISPOSAL

Where will the treated water be discharged?

- ☐ Public Drainage
- ☐ Creek / River
- ☐ Sewer
- ☐ Irrigation / Landscaping
- ☐ Toilet Flushing / Reuse
- ☐ Process / Utility Reuse
- ☐ Not Yet Determined
- ☐ Other: \_\_\_\_\_

Is treated water reuse required?

- ☐ Yes
  - ☐ No
  - ☐ Optional / Future Provision
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## 8. AVAILABLE STP AREA

Available Space: \_\_\_\_\_ m × \_\_\_\_\_ m

or approximately: \_\_\_\_\_ m<sup>2</sup>

Proposed STP location:

- ☐ Ground Level
- ☐ Underground
- ☐ Basement
- ☐ Outdoor Utility Area
- ☐ Inside Building
- ☐ Not Yet Determined

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Preferred tank construction, if any:

- ☐ Reinforced Concrete
- ☐ FRP / Modular
- ☐ Steel
- ☐ No Preference

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## 9. ELECTRICAL SUPPLY

Available electrical supply:

- ☐ 220 V
- ☐ 230 V
- ☐ 380 V
- ☐ 400 V
- ☐ 440 V
- ☐ Unknown

Phase:

- ☐ Single Phase
- ☐ Three Phase
- ☐ Unknown

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## 10. REQUIRED SCOPE OF QUOTATION

Please indicate what you need:

- ☐ Design & Engineering
- ☐ Equipment Supply Only
- ☐ Equipment Supply + Installation
- ☐ Civil / Tank Construction
- ☐ Mechanical & Piping Works
- ☐ Electrical & Control Panel
- ☐ Testing & Commissioning
- ☐ STP Rehabilitation / Upgrade
- ☐ Operation & Maintenance
- ☐ Complete Design & Build / Turnkey STP
- ☐ Please Recommend Appropriate Scope

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## 11. PROJECT SCHEDULE

**Quotation Required By:**

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**Target Project Start:**

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**Target STP Completion / Operation:**

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## 12. AVAILABLE DOCUMENTS

Please send any available:

- ☐ Site Development Plan
- ☐ Architectural / Plumbing Plan
- ☐ STP Area Layout
- ☐ Existing STP Drawings
- ☐ Wastewater Laboratory Report
- ☐ Water Bills / Consumption Records
- ☐ Discharge Permit
- ☐ Site Photographs
- ☐ Project Specifications / TOR
- ☐ Other: \_\_\_\_\_

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## 13. ADDITIONAL INFORMATION

Please provide any special project requirements or concerns:

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# FOR SUPPLIER / ENGINEERING USE

**Preliminary STP Capacity:** \_\_\_\_\_ CMD

**Recommended Treatment Process:**

**Recommended Tank Type:**

**Preliminary Scope:**

**Design / Quotation Notes:**

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## IMPORTANT

The preliminary proposal and quotation will be based on the information provided above.

Final treatment capacity, process selection, equipment sizing, tank dimensions, and pricing may be subject to confirmation of:

- Actual wastewater flow
- Wastewater characteristics
- Applicable effluent requirements
- Site conditions
- Available installation space
- Final scope of work

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**Prepared By / Client Representative:**

**Company:**

**Date:**