



OzoPro™

Ozone Generators • Filtration • Separation

Ozone Generator Questionnaire

Date : _____

Company Name : _____

Address : _____

Name : _____ Position : _____ Telephone : _____

Type of Business : _____

Reason for Treating: Sanitization Disinfection Color Removal Other (Specify below)

Water Source : Process Recirculation River/Lake City/Town Well (depth___)

BOD₅ ___ COD ___ TSS ___ TDS___ Color ___ pH ___ Temperature ___

Water Flow required : ___ gpm Peak ___ gpm Average ___ Total Gallons/Day

Operation : 8 hours 12 hours 24 hours



....also *Providing Clear Solutions for...*

DAF Dissolved Air Flotation Dur-*flote**
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