



SCREW PRESS DATA SHEET

CUSTOMER	
NAME	
DESIGNATION	
ADDRESS	
MOBILE	
E-MAIL	

● Installation Location	
● User's Type of Industry e.g. Food/Automobile/STP ETP etc.	
● Waste Water Treatment Type (e.g. ASP, Chemically Precipitated, DAF etc.)	
● Sludge Type (e.g. Waste Activated, Dissolved Air Flotation etc; if it is mixed sludge please inform the mixing ratio)	
● Sludge Volume per day in Liters/Day	
● Sludge Concentration in Gms /Litre	
● Maximum Operation time (Hours per day)	

Required Performance:

● Cake Solids Content (%)	
● Sludge Feed Volume (in m ³)	
● Solids Capture Rate (%)	

Desired Information:

● Project Name: (If possible)	
● Do you already have Sludge dewatering equipment? If YES please give us details with present eqpt performance.	
● Do you consider any other type of equipment? (Maybe Centrifuge. If so, which manufacturer and model?)	
● By when you need the sludge dewatering equipment?	

Signature:

Date: