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| **Request for Quotation for Micro Bubble system** |
| ***River, Rain, Lake Water, Seawater, Waste-water, Sewage-water, Industrial- Wastewater, Algae-Wastewater etc.. all applicable*** |
|  |
| *Please fill out the following data correctly. If does not fill in correctly, Not able to provide a quote. All table parts must be required. The quotation will be provided within 48 hours.* |
| 정수, 오수, 하수, 조류에 해당되는 부분만 기재하여 보내주십시오. 귀사의 세부적인 수질기준 DATA가 없으면 제안 견적이 불가능합니다.  Please send only the parts corresponding to purified water, Wastewater, Sewage water or Algae wastewater. Proposal offer and quotation will not able to provide without your detail water quality standard data.  유입수 및 방류수 조건은 무엇입니까? 모든 물/폐수 유형을 포함합니다. 염분을 포함한 물, 조류 폐수, 해수, 강, 빗물, 하수, 폐수, 분뇨폐수, 산업폐수 등  What is your INfluent-Water and Effluent-water Condition? Includes all water/wastewater type as; Brackish Water, Algae wastewater, Sea water, River, Rain water, Sewage water, wastewater, Manure wastewater, Industrial wastewater etc... |
| **Contact: Antonio KIM / Managing Director of Overseas Business MP :+82.10.5231.8920**  **[antonio.kim@elode.co](mailto:antonio.kim@elode.co)**  **MP:+82.10.5231.8920** |

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| ※ PURIFIED WATER PART: What kinds of Water? ? Please mark as this.  ( Rivers, lakes, seawater , freshwater , rainwater , brackish-water , other water ) | | | | | | | | | | | | | | | | | | | |
| **What is Throughput?** | | |  | | | **m3/day** | | \*Daily operating time : 24hours \* 365days/year standard | | | | | | | | | | | |
| **Purified water(GJ-R)** | | COD | | TDS | SS | General bacteria | | Turbidity | Color | | E-coli | As | Pb | | Cd | Hg | | Cr | Residual chlorine |
| **Influent Condition**  **(AVERAGE)** | |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |
| **Effluent Condition**  **(GUARANTEE)** | |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |
| * Your company name and contact point details   What is your major business filed? Please mark  (EPC , BOT , DESIGN , CONTRACTOR , END-USER , CONSULTANT , DEALER , TRADER , OTHERS  ) | | | | | | | | | | | | | | | | | | | |
| **Company name** |  | | | | | | **Contact person name** | | |  | | | | **Mobile Phone** | | |  | | |
| **Email** |  | | | | | | **Web-site** | | |  | | | | **Office Tel** | | |  | | |
| * Special Requirement : | | | | | | | | | | | | | | | | | | | |

-The end of RFQ page-