

<b>KLARO GmbH</b> Spitzwegstraße 63 95447 Bayreuth Germany Tel.: +49 921 162 79-333 Fax: +49 921 162 79-300	<u>Client:</u>	<u>Project name:</u>
	Street:	<u>Project address:</u>
	Zip code/ City:	Street:
	Country:	Zip code/ City:
	Telephone:	Country:
	E-Mail:	

Questions for the design of wastewater treatment plants for winery wastewater

## a) Information about the winery

① Products:

Red wine                     
  White wine                     
  Rosé                     
  Others \_\_\_\_\_

② Working time: \_\_\_\_\_ hours/day                      \_\_\_\_\_ days/year

③ Main season: \_\_\_\_\_ days                      from \_\_\_\_\_ to \_\_\_\_\_

④ Vineyard area: \_\_\_\_\_ ha

⑤ Maximum amount of wine produced \_\_\_\_\_ l/day                      \_\_\_\_\_ l/year

⑥ Altitude of the winery above the sea level: \_\_\_\_\_ m

## b) Industrial wastewater

① Maximum daily wastewater flow:

- During the main season: \_\_\_\_\_ m<sup>3</sup>/Tag

- Outside the main season: \_\_\_\_\_ m<sup>3</sup>/Tag

② Wastewater analyses (If more samples were analyzed, please attached the analyses)

Sample 1 – Date: _____	Sample 2 – Date: _____	Sample 3 – Date: _____
BOD <sub>5</sub> _____ mg/l	BOD <sub>5</sub> _____ mg/l	BOD <sub>5</sub> _____ mg/l
COD _____ mg/l	COD _____ mg/l	COD _____ mg/l
SS _____ mg/l	SS _____ mg/l	SS _____ mg/l
P <sub>tot</sub> _____ mg/l	P <sub>tot</sub> _____ mg/l	P <sub>tot</sub> _____ mg/l
N <sub>tot</sub> _____ mg/l	N <sub>tot</sub> _____ mg/l	N <sub>tot</sub> _____ mg/l
pH _____	pH _____	pH _____

③ Used cleaning and disinfection products: \_\_\_\_\_

④ Is it a dry pre-cleaned?                       Yes                       No

⑤ Are solids retained?                       Yes                       No

## c) Domestic wastewater

① Domestic wastewater has to be treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please do not fill in ② - ⑤)
② Number of employees:		
- During the vintage period:	_____	
- Out of the main season:	_____	
③ Houses/apartments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Maximum number of residents:	_____	
④ Restaurant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Daily opening hours:	From _____ to _____	
- Yearly opening times:	<input type="checkbox"/> All year	<input type="checkbox"/> From _____ to _____
- Number of seats:	_____	
- Number of meals per day:	_____	
- Is there a grease separator?	<input type="checkbox"/> Yes NS: _____	<input type="checkbox"/> No
⑤ Are there any special events on site?	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No
- Maximum number of guests per day:	_____	
- Particularities:	_____	

## d) Treatment target

① Wastewater should be <u>just</u> pretreated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
② Wastewater should be completely treated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
③ Required effluent values:		
BOD <sub>5</sub> _____ mg/l	P <sub>tot</sub> _____ mg/l	Tot. coliforms _____ CFU/100ml
COD _____ mg/l	NH <sub>4</sub> -N _____ mg/l	pH _____
SS _____ mg/l	N <sub>tot</sub> _____ mg/l	Others: _____

### Additional comments:

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_