



Ammonia Removal and Recovery Project Questionnaire

Long Form



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Qu028LF

Ammonia Removal and Recovery Project Questionnaire



BASIC INFORMATION

First name

Last name

Company Name

Position title

Site Location

Office phone

Mobile phone

Email

WASTEWATER CHARACTERISTICS

Source(s) of Wastewater

Industrial Process

Food/Dairy Processing

Livestock/Agricultural

Landfill Leachate

Other (please specify)

Daily Wastewater Volume (m³/day)

Ammonia Concentration (mg/L or ppm)

Minimum

Minimum

Average

Average

Maximum

Maximum

Other Key Contaminants

BOD

mg/L

Wastewater Temperature (°C)

COD

mg/L

Minimum

TSS

mg/L

Maximum

pH

TDS/Salinity

mg/L

Is the wastewater stream continuous or batch-operated?

Sulphides, Phosphates,
Heavy Metals (specify)

Continuous

Batch

Details

Thank you for completing this questionnaire. Kindly submit the completed form to: otar@organicsgroup.com or visit our website www.organicsgroup.com for more info.

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CURRENT TREATMENT SYSTEM

Do you currently operate a wastewater treatment system? Yes No

If yes, please describe the system and its ammonia removal performance

Type

Ammonia removal efficiency

Final discharge route of treated wastewater

To sewer

To surface water

Reuse for irrigation or other purposes

Other

PROJECT OBJECTIVES

Primary Goal(s) of the Project	Target Ammonia Removal Efficiency (%)
Regulatory compliance	
Ammonia recovery and reuse	Preferred Outcome
Odour reduction	Ammonia recovery for reuse (e.g. fertiliser or chemical)
Operating cost reduction	Ammonia removal only, without recovery
Other	

SITE CONDITIONS AND UTILITIES

Expected Project Implementation Timeline

Proposed Start Date

Commissioning Target

Available Footprint for Plant Installation	Utilities Available On-Site
Indoor m ²	Electrical Supply (available kW)
Outdoor m ²	Heat/Steam Availability
	Compressed Air
	Water (for dilution/cleaning)

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Options for Handling Recovered Ammonia

On-site fertiliser use

Sale to external users

Neutralisation and disposal

Other

Do you have an engineering consultant, EPC, or project delivery partner in place?

Yes

No

Name:

Do you require a complete turnkey system?

Yes

No

If no, which services do you require?

System design

Commissioning

Equipment supply

Training

Installation supervision

FINANCIAL AND COMMERCIAL

Available Budget for Capital Investment (CAPEX)

USD

Preferred Procurement Model

Direct Purchase

Lease

Build-Own-Operate (BOO) or BOOT

Other

Are subsidies, grants, or carbon credits being pursued or available?

Yes

No

Please specify

Do you require return on investment (ROI) or payback calculations?

Yes

No

Target Payback Period

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ADDITIONAL INFORMATION

Site Limitations (e.g. zoning, access, noise, odour)

Any Specific Technology Preferences or Exclusions?

Additional Documents Provided (e.g. water analysis, site plans, photos)

Yes (please attach)

No