



Ammonia Removal and Recovery Project Questionnaire

Long Form



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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 (m ³ /day)	Ammonia Concentration (mg/L or ppm)	
Minimum	Minimum	
Average	Average	
Maximum	Maximum	

Other Key Contaminants		Wastewater Temperature (°C)
BOD	mg/L	Minimum
COD	mg/L	Maximum
TSS	mg/L	
pH		Is the wastewater stream continuous or batch-operated?
TDS/Salinity	mg/L	Continuous
Sulphides, Phosphates, Heavy Metals (specify)		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

Indoor

m²

Outdoor

m²

Utilities Available On-Site

Electrical Supply (available kW)

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 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