



Your Contact:
Sebastien Dalmagne
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Enquiry for an ABC-Actini Effluent Decontamination System

In order to assist us in evaluating your requirements, please complete as much as possible of the following form and send your answers to: sdalmagne@abc-actini.com

Your Details	
First Name: (Required)	
Last Name: (Required)	
Job Title:	
Phone: (Required)	
Email: (Required)	
Company: (Required)	
Address:	
Line 2:	
City:	
State:	
Zip:	
Country:	

Waste Questions	
State the nature of the liquid biowaste to be treated	
State the % of solids in the waste and average and maximum size	
State the s.g. and viscosity (if known)	
Will there be any chlorine in the waste? If yes at what concentration?	
What is the incoming waste flowrates (hourly, daily, weekly, maximum instantaneous): If not know please give as much details as possible	

Discharge Questions	
What is the maximum outlet flowrate and the maximum outlet temperature:	
Is pH control required? What is the outlet pH allowed? Do you need pH neutralization?	

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 11 Lincoln Drive - Lewis Run, PA 16738
 Tel 1-888-278-8544 ext. 338
 Fax 1-814-362-4674
www.abc-actini.com



Treatment Questions	
What is the Biosafety Level of the waste (BSL1, BSL2, BSL3 or BSL4)	
What is the lethality rate F0 or the required time at what temperature for treatment?	

System Questions	
Which ABC-Actini standard system do you want?	
Do you have a preferred collection vessel capacity?	
Do you know how many collection and/or treatment vessels that you want?	
Do you have steam/hot water/electricity available for heating? Please confirm capacity?	
Do you have cooling media available for cooling? Please confirm capacity?	
Do you have steam/hot water/electricity available for heating?	
Where is the equipment to be located? What are the area dimensions?	
Enclosed or non-enclosed room?	
Do you require in-built CIP capabilities?	

Automation Questions	
Do you have a preferred hardware supplier (Siemens/Allen Bradley)?	
Do you want interface to a centralized control system?	
Do you have any preference for location of automation equipment (i.e. skid mounted or remote control room):	

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Describe your requirement (please continue on another sheet if needed)

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