

# Ultrafiltration System Optimization Service<sup>SM</sup> (SOS) Request Form

This form must be filled in with all the requested information and e-mail to [sos@dow.com](mailto:sos@dow.com) before the System Optimization Service<sup>SM</sup> Process is started. You will receive an email containing a Return Authorization (RA) Number and shipping instructions.

## System Optimization Services<sup>SM</sup> (S.O.S.)

Assessment of products returned by customers in order to determine its general status, source of performance issues or areas for optimization. In addition, the information collected in our lab results can be complemented with customer feedback and plant troubleshooting observations. The cost of this service will depend on the number and complexity of the tests required. The expected turn-around time for this service will be approximately 30 working days on average, starting when products are received at Dow testing sites. A complete report including the main relevant findings is included in the service. Different types of services are available.

### Ultrafiltration Services:

Service Package requested:

	Ultrafiltration Services		
	Service Package 1	Service Package 2	Service Package 3 (*)
Visual inspection	•	•	•
Flux Test	•	•	•
Integrity Test	•	•	•
Fiber Repair	• (optional)		
Autopsy		•	•
Fouling Identification		•	•
Conventional cleaning			•

(\*) Two UF modules are needed for Service Package 3

Water analysis and special tests are available upon request. Contact you Dow Representative for detailed information.

## Section 1: Must be completed for all returns independent of the technology

Dow Water Solutions offers product testing services to its customers for a nominal fee:

Please indicate Purchase Order (PO):

DOW TS&D Contact:

DOW KAM Contact:

Product Return Details		
Name		
Company		
Plant Name		
Address		
City	State	Country
Postal Code/Zip		
Phone		
Fax		
e-mail		

Invoice to be sent to		
Name		
Company		
Plant Name		
Address		
City	State	Country
Postal Code/Zip		
Phone		
Fax		
e-mail		

## Section 2: System Optimization Services <sup>SM</sup>

### Ultrafiltration Modules:

Number of modules sent for SOS: \_\_\_\_\_ (Attach separate sheet if needed with S/N's)

Product Model(s)	Serial Number(s)	Date installed	Module Position on Skid	Symptoms Description (Low Flow, high TMP...)

### System Information – Required for RA number to be provided

Application  Industrial/Power  Specialties  Municipal  
 Pharma  Oilfield  Others, please indicate:

# trains: \_\_\_\_\_ # modules per train: \_\_\_\_\_ Operational Flux (L/m<sup>2</sup>·h): \_\_\_\_\_ Filtration Cycle: \_\_\_\_\_  
 Backwash Flux (L/m<sup>2</sup>·h): \_\_\_\_\_ Type of water used for Backwash: \_\_\_\_\_ Air Scour Flow (Nm<sup>3</sup>/h): \_\_\_\_\_  
 Oxidant CEB Chemical/Frequency: \_\_\_\_\_ Alkali CEB Chemical/Frequency: \_\_\_\_\_ Acid CEB Chemical/Frequency: \_\_\_\_\_  
 CIP Frequency: \_\_\_\_\_ CIP Recipe: \_\_\_\_\_

Feed water source:  Surface Water  Ground Water  Salt Water (Ocean/Sea)  Municipal Waste Water  
 Industrial Waste Water  Other (Please describe)

Feed water chemistry available?  YES (attach separately)  NO  
 Operational data available?  YES (attach separately)  NO

Upstream Process  Aeration  Pressure Sand Filter  A/O treatment  Multimedia Filter  
 Coagulation/Flocculation  Green Sand Filter  Sedimentation  Activated Carbon  
 Clarification  Cartridge Filter. Pore size \_\_\_\_\_ Exchange Frequency \_\_\_\_\_  
 Secondary Sedimentation  Bag Filter. Pore size \_\_\_\_\_ Exchange Frequency \_\_\_\_\_  
 Lime Softening  Self cleaning filter. Pore size \_\_\_\_\_ Exchange Frequency \_\_\_\_\_  
 Sterilization/Disinfection  Other (please specify)

Chemicals used (if any)  Sodium Hypochlorite Dosage (ppm) \_\_\_\_\_ Dosing Point \_\_\_\_\_  
 Ferric Chloride Dosage (ppm) \_\_\_\_\_ Dosing Point \_\_\_\_\_  
 Organic Polymer Dosage (ppm) \_\_\_\_\_ Dosing Point \_\_\_\_\_  
 Aluminum Chloride Dosage (ppm) \_\_\_\_\_ Dosing Point \_\_\_\_\_  
 PAC (Powder Activated Carbon) Dosage (ppm) \_\_\_\_\_ Dosing Point \_\_\_\_\_  
 Other (Please describe) Dosage (ppm) \_\_\_\_\_ Dosing Point \_\_\_\_\_

