

Request for Membrane Recycling



1. Type of request

☐ Request for quote ☐ Order registered customer no. at MemRe: _____

2. Customer

Company _____
 Street / No. _____
 Postal code / City _____
 Contact person _____
 E-mail / Phone _____

3. Plant

Name _____
 Street / No. _____
 Postal code / City _____
 Plant owner _____
 E-mail / Phone _____
 Current feed water analysis dated _____

☐ attached ☐ to follow

Reason for replacement: ☐ planned exchange ☐ unplanned failure

Please send this form by e-mail to office@memre.de

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4. Possible contamination of the membrane

- ☐ Heavy metals
 ☐ Toxins
 ☐ Pharmaceuticals
 ☐ Nano components
 ☐ Radionuclides
 ☐ other
 ☐ not known
 ☐ uncontaminated per analysis no. _____

If the contamination is unknown, please tick that box. An open statement is better than a guess, because it protects everyone further down the chain.

5. Membrane data

Manufacturer _____ Year of manufacture _____
 Size _____ Application _____
 Designation _____

No.	Serial number(s) of manufacturer	Installed	Removal (plan)	Operating hours	drained

6. Remarks
