

STUDY
TO ASSESS AND ANALYZE STATUS OF
WATER PURIFICATION TECHNOLOGIES IN INDIA
2009

QUESTIONNAIRE

Study Sponsored by:

GOVERNMENT OF INDIA
WATER TECHNOLOGY INITIATIVE PROGRAMME (WTI)
DEPARTMENT OF SCIENCE & TECHNOLOGY,
TECHNOLOGY BHAWAN, NEW MEHRAULI ROAD,
NEW DELHI-110016

Please read the instructions before filling the questionnaire

- 1. Please attach extra sheets wherever required.**
- 2. Please fill all details separately for each capacity and system used by you.**
- 3. No inter organization comparisons will be carried out. Analysis will be carried on the overall basis.**
- 4. Please note that the information will be kept secret and will not be disclosed to any one. Analysis will be carried out on over all basis industry wise**
- 5. If any particular item is not applicable in your case, please leave it blank.**

The completed Questionnaire should be returned to:



Prof. Dr. P.K. Gupta
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QUESTIONNAIRE FOR USER ORGANIZATIONS FOR COMMUNITY SYSTEMS

NOTE:- Please fill all details separately for each capacity and system used by you.

1.	Name of the Organization																			
2.	Name of the Respondent																			
3.	Designation of the Respondent																			
4.	Communication address of the Organization:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">City</td> <td style="width: 30%;"></td> <td style="width: 20%;">State</td> <td style="width: 30%;"></td> </tr> <tr> <td>Pin Code</td> <td></td> <td>Phone</td> <td></td> </tr> <tr> <td>Mobile</td> <td></td> <td>Fax</td> <td></td> </tr> <tr> <td>E-mail</td> <td></td> <td>Website</td> <td></td> </tr> </table>					City		State		Pin Code		Phone		Mobile		Fax		E-mail		Website	
City		State																		
Pin Code		Phone																		
Mobile		Fax																		
E-mail		Website																		
5.	Year of Establishment of the Organization	<input type="text"/>	<input type="text"/>	<input type="text"/>																
6.	Capacity of the System	<input type="checkbox"/> >15 – <500 lph <input type="checkbox"/> >500-5000 lph																		
		<input type="checkbox"/> Any others (please specify) _____																		
7.	Type of Organization	<input type="checkbox"/> Jal Nigam / Board																		
		<input type="checkbox"/> Municipality/ Municipal Corporation																		
		<input type="checkbox"/> Public Health Engineering Department (PHED)																		
		<input type="checkbox"/> Panchayat Raj Institution																		
		<input type="checkbox"/> Any others (Pl. specify) _____																		
8.	Base of Technology used	<input type="checkbox"/> Membrane	<input type="checkbox"/> Absorption	<input type="checkbox"/> Chlorine																
		<input type="checkbox"/> Gravity	<input type="checkbox"/> Nano																	
		<input type="checkbox"/> Any Other (Pl. Specify) _____																		
9.	Type of Technology(s)/ System(s)	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Carbon Filters																	
		<input type="checkbox"/> Trickling Filters	<input type="checkbox"/> Water Ozonator																	
		<input type="checkbox"/> Micron Filters	<input type="checkbox"/> Traditional																	
		<input type="checkbox"/> Pressure Sand Filters	<input type="checkbox"/> Iron removal Filters																	
		<input type="checkbox"/> Hydro Pneumatic	<input type="checkbox"/> Demineralization																	
		<input type="checkbox"/> Water Softening	<input type="checkbox"/> Ion Exchange																	
		<input type="checkbox"/> Magnetic Conditioning	<input type="checkbox"/> Desalination																	
		<input type="checkbox"/> Any other (Pl. Specify) _____																		

10. Type of Impurities/ Contaminates Treated		Input range of concentration	Output range of concentration
	<input type="checkbox"/> Chemical		
	<input type="checkbox"/> TDS		
	<input type="checkbox"/> Turbidity		
	<input type="checkbox"/> Bacteria		
	<input type="checkbox"/> Micro Organisms		
	<input type="checkbox"/> Physical		
	<input type="checkbox"/> Arsenic		
	<input type="checkbox"/> Fluorides		
	<input type="checkbox"/> Pathogens		
	<input type="checkbox"/> Pesticides		
	<input type="checkbox"/> Sulphate		
	<input type="checkbox"/> Nitrate		
	<input type="checkbox"/> Iron		
	<input type="checkbox"/> Virus		
	<input type="checkbox"/> Heavy Metals		
	<input type="checkbox"/> Cyst		
	<input type="checkbox"/> Any others (Pl. specify)		
11. Name of the Supplier of Technology/ System	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		
12. Since when you are using the technology/ System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
13. What is your level of satisfaction with the Technology/ System as per drinking water standards	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory If not satisfactory, please give reasons briefly: _____ _____ _____ _____		
14. System of Water Testing at your premises (Methodology)	_____ _____ _____		
15. Cost Effectiveness of the System (Rs./ Litre)	Purification cost Rs. _____	Operation & Maintenance Cost Rs. _____	
16. Salient Features/ Strengths of the Technology you are using	_____ _____ _____		
17. Is there any wastage of water	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what % of input _____	
18. Any Other Information you would like to furnish particularly your future plans	_____ _____ _____		
Date: Place: <div style="float: right;">Signature of the Respondent</div>			