

## Questionnaire

Company: \_\_\_\_\_ Name of Mine: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Milling Process

Minerals: \_\_\_\_\_ (Ore Type:  Quartz,  Quartz & Sulfides,  Sulfides,  Refractory)

Mill Throughput: \_\_\_\_\_ TPD

Circuit: a) Gravity:  yes  no  
b) Leaching:  yes  no ( CIL,  CIP,  Other: \_\_\_\_\_ )  
c) Absorption tank  yes  no  
d) Flotation:  yes  no

### Process Tank Description

Leach Tanks: Number \_\_\_\_\_ Size: \_\_\_\_\_

Absorption: Number \_\_\_\_\_ Size: \_\_\_\_\_

### Agitator Description

Make / Model / Manufacturer \_\_\_\_\_  
Number of blades on prop  three  four  
Sets of blades on prop  one  two  
Current maintenance issues with agitator  yes  no

### Type of Air Input - Leach Tank (Chose one, if applicable)

Standard air pipe supply below agitator with no air dispersing device  
 Standard air pipe supply below agitator with air dispersing device  
 Multiple air pipe supply system  
 Installed air supply sparging system in place: Make / model \_\_\_\_\_

Oxygen Supply  Air  Oxygen

Available Gas Pressure and Volume: \_\_\_\_\_

Current Gas Injection Volume per Tank: \_\_\_\_\_ (m<sup>3</sup>/hr.)

**Objectives:**

To Increase:

Production:  yes,  no  
Recovery:  yes,  no

To Decrease costs:

Agitator maintenance:  yes,  no  
Cyanide consumption:  yes,  no  
Electrical consumption:  yes,  no

**Other:**

Would you like a proposal for?

Retrofitting one tank  yes,  no  
Complete plant retrofit  yes,  no