

INFORMATION REQUEST FORM - metric

Project: _____ Location: _____

Consultant: _____

Type of Plant of Facility: New Upgrade Replacement

Description: _____

Number of Basins: _____ (Series/Parallel)

Basin Dimensions: L = _____ W = _____ or diameter = _____

Depth: Total Depth = _____ Water Depth = _____

Type of Floor: (ie, concrete, steel, earthen): _____

Provide plan & elevation drawing *.pdf or *.dwg file format incl. drop pipe locations

Type of Application: Municipal Industrial Combination

Other: _____

Treatment Process: Activated Sludge Aerated Lagoon Oxidation Ditch

Equalization Basin Aerobic Digester Post Aeration

Sludge Holding

Other: _____

Treatment Objectives: BOD Reduction Nitrification Mixing

Odor Control

Other: _____

Design Data:

Influent Hydraulic Flow Rate:

Design: _____ Minimum: _____ Maximum: _____

Water Temperature: Summer _____°C Winter _____°C

Site Elevation: _____ m above sea level

Wastewater Characteristics: Alpha: _____ Beta: _____

Minimum Design D.O. = _____ mg/l

Minimum Mixing Requirement _____ (Nm³/h m² tank bottom)

MLSS = _____ mg/l

F:M = _____ 1/days

Concentrations:	Influent at Ave Flow	Influent at Max Flow	Required Effluent
BOD mg/l	_____	_____	_____
TSS mg/l	_____	_____	_____
NH ₃ -N mg/l	_____	_____	_____
Other	_____	_____	_____

or

SOR / SOTR kg O ₂ /hr. or kg O ₂ /day	_____	_____	_____
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or

AOR kg O ₂ /hr. or kg O ₂ /day	_____	_____	_____
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or

COD mg/l	_____	_____	_____
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	Min.	Avg.	Max.
Existing / planned blower capacity			
Per aeration zones / drop pipe Nm ³ /h	_____	_____	_____
Total per basin Nm ³ /h	_____	_____	

Total all basin Nm ³ /h	_____	_____	_____

Drop pipe sizing per zone

Zone no. _____ No of drop pipes _____ Drop pipe Ø: DN

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Additional Comments: _____

Blowers with Soft Starts? Y/N; with VFDs? Y/N

Diffuser equipment to be replaced

Additional Comments: _____
