

INFORMATION REQUEST FORM

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): _____

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 Flow Rate:

Design: _____ Minimum: _____ Maximum: _____

Water Temperature: Summer _____°F°C Winter _____°F°C

Site Elevation: _____ Feet above sea level

Wastewater Characteristics: Alpha: _____ Beta: _____

Minimum Design D.O. = _____ mg/l

Minimum Mixing Requirement _____ (SCFM/1000 ft³)

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	_____	_____	_____

Additional Comments: _____
