

WASTEWATER “AERATION” APPLICATION FORM

Complete this form for equipment selection, sizing and estimating.

Customer: Address: Telephone: Fax #: E-mail:	Date: Contact(s): Project Reference: Market Code:
Application <i>(Please provide a brief description):</i>	

Treatment Objectives

(Please define):

Application Description

Wastewater Type (res/ind)		BOD (avg./max/min)	
Current Treatment Process		COD (avg./max/min)	
Permit Daily Flow (AVG)		Ammonia Levels	
Permit Daily Flow (MAX)		H2S levels	
Aeration Type		TSS	
Temperature (Min/Max)		FOG	
TOC		Phosphorus	

Discharge Guidelines or Targets:

Discharge to:		Ammonia	
Temperature:		Hydrogen Sulfide	
pH		Phosphorus	
BOD		Residual DO	
COD		Other Criteria: (Specify)	
TSS			
Is post treatment disinfection required?			



Aeration System Information:

Type of Aeration			
Aerator Size (HP)		Blower(s)	
Number of Aerators		# of Blowers (online/total)	
Depth of Basin/Tank		Diffuser Type	
Hours of Operation/Day		# Diffusers Installed	

Additional Details:

Age of system
Cost of Power
Projected System Growth

Action Required:

	Check if Needed	Date Required	Description
Budget Proposal			
Preliminary Design			
Site Visit			
Wastewater Sampling			
Sample Testing			
Final Design			
Technical Presentation			
Final Proposal			

Engineering:

	Quantity Needed	Date Required		Quantity Needed	Date Required
Dimensional Drawing(s).			Spare Parts List.		
Flow Diagram(s)			I.O.M. Manual		
Electrical Schematic					
Other (specify):					