



## WASTEWATER LAGOON PROJECT APPLICATION FORM

Complete this form for equipment selection, sizing and estimating.

Customer:  Address:  Telephone:  Fax #: E-mail:	Date: J  Contact(s):  Project Rep.:  Market Code: IND M=MUNI, I=IND
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**Application** *(Please provide a brief description):*

**Treatment Objectives**

*(Please define):*

*Lagoon Description*

*Influent*

Lagoon Type		BOD (avg./max/min)	
System Permit Capacity		COD (avg./max/min)	
Lagoon/Basin Capacity		TKN	
Lagoon/Basin Dimensions		FOG	
Lagoon/Basin Depth (max)		TSS	
Lagoon/Basin Depth (min)		TOC	
Sludge Levels (avg)		Ammonia	
Odor Levels		Phosphorus	



*Current Lagoon Aeration System*

Number of Aerated Cells			
Type of Aerators		Blower(s)	
Number of Aerators		Drive Type	
Installed HP		Diffuser Type	
		Number of Diffusers	

*Discharge Guidelines or Targets:*

Discharge to:		TSS	
BOD		pH	
COD		Ammonia	
TKN		Phosphorus	
Disinfection requirement		Other Criteria: (Specify)	

*Additional Details:*

Age of system
Cost of Power
Projected System Growth (Treatment Capacity)

*Sales Action Items:*

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



*Engineering Action Items:*

	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):					