



SEWER COLLECTION SYSTEM ODOR CONTROL APPLICATION FORM

Complete this form for equipment selection, sizing and estimating.

Company: Address: Telephone: Fax #: E-mail:	Date: Contact(s): Project Reference: Market Code:
Application <i>(Please provide a brief description):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

Treatment Objectives

(Please define):

*Application Description:
(All that are Applicable)*

Wastewater Type: (Ind/Res/Mix)		H2S Levels (Avg/Max/Min)	
Daily Volume (AVG/MAX/MIN)			
Wet Well Depth		Liquid Depth (High/Low)	
Wet Dimensions		Wastewater pH	
Pump Cycle Length (time)			
Pump Flow Rate (GPM)			
Pump Discharge Pressure (PSI)			
Main -Pipe Size (IN.)		Pipe Length or Distance (FT)	

Level Control Type	
Frequency of Cycle (Level Controlled)	
Variable Speed/Level Control	
Other info:	



Site Conditions & Requirements:

Site Power PH/HZ/VAC		Level of Automation Desired	
Carrier Water Source		External Alarms:	
Remote Com.		Ancillary Equipment :	

Current Treatment
Current OPEX
Other Key Points:

<i>Action Required:</i>	Check if Needed	Date Required	Description
Budget Proposal			
Preliminary Design			
Site Visit			
Wastewater Sampling			
Sample Testing			
Final Design			
Technical Presentation			
Final Proposal			

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