



Wastewater Plant Evaluation

Contact name: _____ Phone (____) - ____ - _____

Street Address: _____ City _____ State _____ Zip: _____

Describe treatment system _____

Describe problem / issue? _____

1. Design capacity _____ G.P.D. Average daily flow _____
2. No. of Receptors or Tanks _____ Size or Dimensions _____
3. No. of Lift Stations _____ Size or Dimensions _____
4. No. of Wells _____ Dimensions _____
5. No. of Pits _____ Dimensions _____
6. Gravity Flow? Yes / No Force Main? Yes / No Length _____
7. Surface grease thickness _____ Grease Color _____
8. Frequency of clean out? _____ Estimated Costs? _____
9. Odor concern? Yes / No Stringy debris in the well? Yes / No
10. Foaming issues? Yes _____ No _____ Color? _____
11. Are you currently using any type of treatment to control the problems? Yes / No

Describe the treatment: _____

Wastewater Characteristics

Influent PH _____ D.O. _____ Susp. Solids _____ B.O.D. _____ Temp _____

Effluent PH _____ D.O. _____ Susp. Solids _____ B.O.D. _____ Temp _____

Volatile organic carbon measured? _____ Influent _____ Effluent _____

Bacteria or enzyme products in current use _____ Past _____

Cleanders _____

Organic compounds _____

Bleach _____ quantity per month _____

Acids _____ quantity per month _____

Alkaline _____ quantity per month _____

Ammonia _____ quantity per month _____

Influent components: (Indicate influent components with percentages of total flow)

Domestic wastes _____% Industrial Wastes _____% Toxic _____%