

WASTEWATER DATA SHEET



Aeration Industries International, Inc.

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Please Print

Project Name _____
 Company _____
 Street Address _____
 City, State, Zip _____

Project Location
 (city, state/country) _____
 Contact Person, Title _____
 Phone _____
 Fax _____
 Email _____

Please Circle All That Apply and Fill in the Appropriate Information

1. TREATMENT PROCESS APPLICATION

- | | |
|-----------------------|---------------------|
| a. Equalization Basin | d. Activated Sludge |
| b. Microfloat | e. Package System |
| c. Aerated Lagoon | f. Other _____ |

2. TYPE OF FACILITY

- | | |
|-----------------------------------|--------------------------|
| a. New Plant | d. Equipment Replacement |
| b. Upgrade | e. Other _____ |
| c. Supplemental (Aeration/Mixing) | |

3. TYPE OF WASTE

- | | |
|------------------------------|---|
| a. Municipal | c. Industrial (specify industry) _____ |
| b. Combine _____ % Municipal | _____ % Industrial (specify industry) _____ |

4. INFLUENT FLOW (please circle units)

- | | | |
|---------------------------|---|-------|
| a. Present Average: _____ | (mgd, gpd, m ³ /day, lps, other) | _____ |
| b. Design Average: _____ | (mgd, gpd, m ³ /day, lps, other) | _____ |
| c. Design Peak: _____ | (mgd, gpd, m ³ /day, lps, other) | _____ |

5. TREATMENT OBJECTIVES

- | | |
|------------------|---|
| a. BOD Reduction | e. Ammonia Reduction (NH ₃ -N) |
| b. Odor Control | f. Fats, Oils and Grease Reduction |
| c. Post Aeration | g. TSS Reduction |
| d. Mixing | h. Other _____ |

6. EXISTING PRETREATMENT FACILITIES

- | | |
|-----------------------|---------------------------------------|
| a. None | e. Primary Clarifier |
| b. Equalization Basin | f. Flotation |
| c. Grit Removal | g. Fine Screening (type & size) _____ |
| d. Comminutor | g. Other _____ |

7. SITE & BASIN CHARACTERISTICS (please circle units)

- | | |
|---------------------------------|--|
| a. Alpha _____ | e. Ambient Summer Temperature _____ (°F, °C) |
| b. Beta _____ | f. Ambient Winter Temperature _____ (°F, °C) |
| c. Elev. MSL _____ (ft, m) | g. Basin Summer Temperature _____ (°F, °C) |
| d. Aeration Basin DO _____ mg/l | h. Basin Winter Temperature _____ (°F, °C) |

8. PROJECT STATUS

_____ Preliminary Engineering/Design _____ Presently Under Construction _____ Budgetary

9. PROJECT TIMING: Bid Date (if applicable) _____ / _____ / _____
 When will equipment be required on site? _____ / _____ / _____

10. APPROXIMATE BUDGET: Has funding been appropriated for this project? No _____ Yes _____
 If Yes, _____ Federal _____ State/Provincial _____ State Revolving Funds _____ Other: _____

11. LOCATION & TYPE OF SAMPLE
 a. Before Pretreatment a. Grab
 b. After Pretreatment b. Composite
 c. Other: _____

PARAMETERS	INFLUENT	DISCHARGE PERMIT	CURRENT EFFLUENT		
BOD ₅ , mg/l					
COD, mg/l					
TSS, mg/l					
TKN, mg/l					
NO ₃ -N, mg/l					
PO ₄ -P, mg/l					
NH ₃ -N, mg/l					
Alkalinity as CaCO ₃ , mg/l					
Dissolved Oxygen, mg/l					
Fats, Oils & Grease, mg/l					
pH					
Other					
Basin Type (concrete, earthen, poly-lined)	Length x Width	Water Depth (ft, m)	Freeboard	Side Slope (H:V)	Volume (MG, m ³)

12. FLOW SCHEME a. Series b. Parallel c. Other _____

13. WATER LEVEL FLUCTUATION a. No b. Yes If yes, how much? _____

14. SIZE (Hp or kW) AND TYPE OF EXISTING AERATION EQUIPMENT

15. a. Shift Operation _____ hours per day, _____ days per week.
 b. Seasonal-Explain _____

16. ELECTRICAL SERVICE AVAILABLE (please indicate location on schematic)
 a. _____ Volts _____ Phase _____ Hz

17. Notes: _____

PLEASE ATTACH A SKETCH OR FLOW DIAGRAM OF THE SYSTEM.

18. INCLUDE ANY OTHER PERTINENT INFORMATION (AIR QUALITY ABOVE AERATION BASIN OR LAGOON), ETC.
 I believe this data to be an accurate representation of the influent flow & parameter concentrations for this application. I also understand that this data will be used primarily for estimating the aeration requirements.

Customer or Engineer's Signature & Title: _____ Date: _____