



MUNICIPAL WASTEWATER EVALUATION

1. Facility Name _____ Phone _____ Fax _____
2. Address _____ Email _____
3. Department Supervisor _____
4. WWTP Superintendent/Operator _____

Wastewater Collection System

1. Number of lift stations _____
2. Size & Length of force mains _____
3. Sewer line size _____" diam. to _____" diam. _____, Length/miles _____
4. Collection system related problems: Odors _____ Grease _____
5. Materials used for odor control _____

Wastewater Treatment Facility

1. Treatment Type: _____
2. Design capacity _____ M.G.D., Average daily flow _____ M.G.D
3. Domestic: _____%, Industrial: _____%, Major industry _____
4. Digesters no. _____ Anaerobic _____ Aerobic _____ Gal. capacity _____
5. Digested sludge is disposed of by _____
6. Number & size of lagoons L=length, W=width, D=depth 1) L ___ W ___ D ___ 2) L ___ W ___ D ___ 3) L ___ W ___ D ___
7. Sludge level in each lagoon _____
8. Is dredging of lagoon(s) being considered? Yes _____ No _____ Estimated Cost _____
9. Are there odor concerns? _____

Wastewater Characteristic

1. Raw sewage: pH _____ D.O. _____ Susp. Solids _____ B.O.D. _____
2. Effluent: pH _____ D.O. _____ Susp. Solids _____ B.O.D. _____
3. Mixed liquor: D.O. _____ Susp. Solids _____ S.V.I. _____

General

1. Are WWTP effluent limits being met? Yes _____ No _____
If yes, describe the nature of the problem _____
2. Please include a flow diagram _____

Consultant

Date