

1.	Facility Name	Phone		Fax	
2.	Address	Email _			
3.	Department Supervisor				
4.	WW Manager				
	astewater Treatment Facility				
1.	Describe treatment system				
2.	Design capacity	M.G.D., Average daily flow			M.G.D.
3.	No. of clarifiers Dimensional size of each				
4.	Describe nature of waste stream				
	Number of toples or legeons	Dimensions of each tonk or	laggon	I W	
5. –	Number of tanks or lagoons				
6.	Storage capacity of each Gal Number & type of aerators				
0. 7.	Monthly power cost associated with aeration Present sludge level in each lagoon				
8.					
o. 9.	Is dredging of lagoon being considered? YesNo Estimated cost Any odor concerns from any tank or lagoon? Is a complete log kept?				
	Wastewater effluent disinfection? Yes				
	astewater Characteristic	No Wichida			
	Influent: pH D.O	Susp solids	BOD	Temp	
	Effluent: pH D.O				
	Volatile Organic Carbon measured?.				
	Bacteria or enzyme products used now?		Past?		
	Brand & cost per month				
6.	Chemicals in WW	Quantity/Month (Gal./Pounds)		Organic Compo	
~					
	eneral				
1.	· -				
•	If yes, describe the nature of the problem				
2.	Please include a flow diagram				
	Consultant		Date		F226A-11240