

Waste Water Treatment Plant Evaluation Form

COMPANY: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE # _____ **FAX #** _____

E-MAIL: _____

WASTEWATER TYPE: _____

PARAMETER	INFLUENT LEVELS		EFFLUENT LEVELS		
	MAXIMUM	AVERAGE	AVERAGE	MAXIMUM	PERMIT
Flow (m ³ /day or liters/minute)					
Temperature (°C)					
pH					
Suspended Solids (mg/l)					
Dissolved Solids (mg/l)					
BOD ₅ (mg/l)					
Soluble BOD (mg/L)					
COD (mg/l)					
Total Organic Carbon (mg/l)					
Ammonia-Nitrogen (mg/l)					
N _{tot} (kjeldahl) (mg/l)					
Nitrat-nitrogen (mg/l)					
Orthophosphate (mg/l)					
Oil/Grease (mg/l)					
Total Petroleum Hydrocarbons (mg/l)					
F/M Ratio					
Mixed Liquor Suspended Solids (mg/l)					
Dissolved Oxygen (mg/l)					
Sludge Age (mg/l)					
Other Specific Organics or Inorganics (mg/l)					
Sludge Volume Index (SVI) (ml/g) (other)					

Problem ? _____

Is the flow continuous? _____

Hours of flow operation? _____

**Type biological system,
volume and size ?** _____

Number of oxidation basin(s): _____

Volume oxidation basin(s): _____ m³ _____ m³ _____ m³

Volume primary sedimentation basin(s): _____ m³ _____ m³

Volume secondary sedimentation basin(s): _____ m³ _____ m³

For odour treatment with D.V.U.

Perimeter of area, tank or container _____m

Diagram of system: (please provide if possible)