



WASTE WATER QUESTIONNAIRE

Your project is very important to us. In order for us to determine the best possible solution to your needs you must provide as much information as is possible including test result and diagrams with descriptions of processes and/or existing treatment. We will be happy to contact you if more information is needed.

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

e-mail: _____

Project Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please answer only those questions which are relevant to your operation, use additional paper as required:

1. What is your daily water consumption? _____ (gallons / Liters per day - Use best guess if not known)
2. What is your peak water consumption? _____ (gal. / L per minute) Duration? _____ (Use best guess if not known).
3. What is the length of working day, where applicable? _____.
4. What is the target water quality and what is the attempted use of the treated water?
5. If the discharge is under pressure, please specify the pressure and measurement unit.
6. What treatment has been done already, and how effective is the treatment? If possible, please provide BOD levels prior and after the existing treatment.
7. What is the primary source of the waste? Examples: Vegetable processing plant, Chicken processing plant, Municipality of 3,000 people, Cyanide removal from a chemical factory, hospital effluent.
8. Is there a clean and dry room available? _____. If yes, what size? _____.
9. Do you plan any future expansion? _____.
10. Is there a source of dry oxygen on the site? _____. If so, what kind (liquid, Airsep) and what flow would be available for OZONATION? _____.
11. Do you wish to interface the Ozonation system into your system computer? If so, please indicate what functions do you wish to monitor or control. Fully automatic systems with remote data logging are available.
12. What electrical power is available?
Standard Line, _____ Volts, _____ Phases; _____ Cycles (Hz.).
Local Generator, _____ Volts, _____ Phases, _____ Cycles.
13. Please provide a sketch or description of your current water treatment (if any). Include all relevant information such as - sizes, capacities, flow rates, distances, materials of construction, chemicals used, size limitations, etc. We will consider all relevant information in the design process.
14. Required / Desired project completion date? _____.

We will be pleased to review this information and propose the best water treatment for your application. Please fax or e-mail this form with all information and drawing(s) to: Application Design at **1-360-794-0856**. If you have any questions please call our application design department at **1-360-794-9511**.



O3 Water Systems, LLC

**High BOD-COD
Wastewater Evaluation Checklist**

Proposal No _____

Influent Conditions

Average Daily Flow	_____ GPD	BOD (5 day)	_____ mg/L
Peak Daily Flow	_____ GPD	Total Suspended Solids	_____ mg/L
Peak Storm Flow	_____ GPD	Ammonia Nitrogen as N	_____ mg/L
Wastewater Temperature (range)	_____ °F	Total Kjeldahl Nitrogen	_____ mg/L
No. of Persons on System	_____ #	Phosphorus as P	_____ mg/L
Restaurant Waste?	_____ Y/N	pH	_____ Max/Min
Industrial Waste?	_____ Y/N	Alkalinity (CaCO3)	_____ mg/L
		Oil/Grease	_____ mg/L

Other _____

Effluent Requirements

(Attach discharge permit data and local regulatory requirements if possible)

BOD (5 day)	_____ mg/L	Total Kjeldahl Nitrogen	_____ mg/L
Total Suspended Solids	_____ mg/L	Total Phosphorus	_____ mg/L
Ammonia Nitrogen as N	_____ mg/L	Receiving Stream	_____
pH	_____ Y/N	Regulating Agency	_____
Will effluent be reused	_____ Y/N	Oil/Grease	_____ mg/L

Other _____

Site Conditions

Temperature Range	_____ °C	Area Available	_____ sq. ft
Average Annual Rainfall	_____ inches	Permanent System	_____ Y/N
Elevation	_____ ft	Temporary System	_____ Y/N
Open top system	_____ Y/N	How Long?	_____
Underground system	_____ Y/N	# of Basins	_____
		Basin Depth	_____
		Total Water Depth	_____

Other _____

Other Conditions

Bar Screen Required?	_____ Y/N	Electrical Power Availability	_____
Lift Station Required?	_____ Y/N	Voltage	_____ VAC
Disinfection Required?	_____ Y/N	Phase	_____ 1 or 3
Sludge Storage Required?	_____ Y/N	Hertz	_____ 50/60

Other _____

Date	Expected Completion Date	Referred By

Please complete and return with previous page - Thank you.