



# BIO-PURE WASTEWATER TREATMENT SYSTEMS



## QUESTIONNAIRE OF EXISTING WASTEWATER REQUIRING TREATMENT

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

New Project:  Expansion/Remodel:  Other:

Location: \_\_\_\_\_

Local Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Account Rep: \_\_\_\_\_

### **DESIGN DATA**

Source of Data: \_\_\_\_\_

Flow: U.S. (MGPD) Actual \_\_\_\_\_ Assumed \_\_\_\_\_ Required \_\_\_\_\_

What is the percentage/volume of domestic (municipal) wastewater? \_\_\_\_\_

What is the percentage/volume of commercial or industrial wastewater? \_\_\_\_\_

What type of non-biological waste is expected? \_\_\_\_\_

Please complete the influent and effluent information required in the table provided below:

	Influent (mg/L)				Effluent (mg/L)			
	BOD	TSS	NO <sub>2</sub>	PO <sub>4</sub>	BOD	TSS	NH <sub>3</sub>	DO
Minimum								
Average (Design)								
Maximum								
Future								

**OTHER DATA**

**A. Source of Influent:**

Residential  Light Industry  Golf Course  Resort  R.V. Park  Commercial

1. If combined, describe source: \_\_\_\_\_

2. Infrastructure currently in place: Yes  No

3. Inlet wastewater temperature (F°): Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

4. Plant elevation \_\_\_\_\_ feet

5. Additional wastewater chemistry: Phosphorous (as P) \_\_\_\_\_ mg/L

Alkalinity (as CaCO3) \_\_\_\_\_ mg/L

pH \_\_\_\_\_

**B. Pretreatment available/planned:** \_\_\_\_\_

**C. Relevant local environmental issues:** \_\_\_\_\_

**D. What is the intended reuse for the water from this plant?** Commercial/Industrial \_\_\_\_\_

Agricultural \_\_\_\_\_ Other: \_\_\_\_\_

**E. Source of water that will constitute the influent:** Municipal  Well Water  Other

Explain: \_\_\_\_\_

**F. Have you applied for a permit?** Yes  No  If yes, please provide a copy and the name of the person in charge:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

If no, do you want our group to facilitate this responsibility? Yes  No

**G. Have you an operational process plan?** Yes  No  If yes, please provide a complete copy.

If not, do you want our group to facilitate this responsibility? Yes  No

**H. Do you want the wastewater treatment plant:** Mostly underground  Housed in a building

**I. What type of building for the treatment plant would best serve the facility in this location?** \_\_\_\_\_

**J. Is three (3) phase power available:** Yes  No  If yes, how far is the transformer from the proposed location of the wastewater treatment plant? \_\_\_\_\_

**K. Is the power source reliable:** Yes  No

**L. What are the local security issues?** \_\_\_\_\_

M. Site Conditions

Area available: \_\_\_\_\_ acres \_\_\_\_\_ hectares

Any restrictions? Explain: \_\_\_\_\_  
\_\_\_\_\_

N. Depth of ground water: \_\_\_\_\_ feet \_\_\_\_\_ meters

O. Construction depth restrictions? Explain: \_\_\_\_\_  
\_\_\_\_\_

P. Effluent (reclaimed water) to be discharged to:

- a) Landscape irrigation: golf courses, cemeteries, freeway landscape or other landscape
- b) Irrigation of parks, playgrounds, schoolyards, and other areas where the public has similar access exposure
- c) To a river or stream bed
- d) Other, explain \_\_\_\_\_

Q. Please provide photographs and site maps you have for the project. If not available, sketch general layout, footprint and area available for the project and the wastewater treatment plant location.

↑  
N

Please use the back of this page if needed for drawing.

**NOTE:**

*Our group has the ability to provide a turnkey package for the project, including engineering, infrastructure, construction and the treatment plant. We would be pleased to provide information upon request.*

*Please put any additional questions/comments you may have on back of this page. Include explanation of any information not included with submission and when that information/documentation will be available.*

**R. Ownership**

Purchasing Entity \_\_\_\_\_

Please specify: Municipal  State  Federal  Private  Other

If other, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**S. Project Funding**

Municipal  State  Federal

Tenant Surcharge  Grant  Commercially Financed  Other

If other, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**T. Please Confirm Status of Funds**

Cash purchase  Grant applied for  Project allocated but not yet funded

If project not yet funded, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**U. Long Term Operation**

What type of operation will the plant be under?

City owned and operated  County owned and operated  Privately owned and operated

PUD owned and operated

City owned, non-operated  County owned, non-operated  Privately owned, non-operated

PUD owned, non-operated  Other

If other, please explain: \_\_\_\_\_

\_\_\_\_\_