International Wastewater Technologies, LLC
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DESIGN QUESTIONNAIRE - Please provide as much information as possible.

Date: _____

Project: _____

Address: _____
_____
_____

Project Status: _____
_____

Owner: _____

Consultant: _____

Telephone: _____
Fax: _____
E-mail _____

SITE CRITERIA

Ambient Temperature Range	_____	Site Elevation	_____
Permanent System (Y/N)	_____	Est. Construction Date	_____
Length of Time	_____	Open Top	_____
Dimensional Site Limitations	_____	Closed Top	_____

INFLUENT CONDITIONS

Design Flow Average (ADWF)	_____	GPD
Peak Daily flow (PDWF)	_____	GPD
Peak Storm flow (PWWF)	_____	GPD
BOD (5 day test)	_____	mg/l
Suspended Solids	_____	mg/l
Ammonia Nitrogen as Nitrogen	_____	mg/l
Total Kjeldahl Nitrogen (TKN)	_____	mg/l
Phosphorous as P	_____	mg/l
pH	_____	
Alkalinity ($CaCO_3$)	_____	
Minimum Number Aeration Basins (Required by State)	_____	
Wastewater Temperature Range	_____	

INDUSTRIAL AND/OR TOXIC WASTE

Type	_____
Content	_____
Characteristics	_____
Flow Rate (If any)	_____
Operating Period	_____

EFFLUENT REQUIREMENTS

BOD (5 Day)	_____	mg/l
Suspended Solids	_____	mg/l
Ammonia Nitrogen as Nitrogen	_____	mg/l
Nitrate Nitrogen as Nitrogen	_____	mg/l
Total Nitrogen-TN	_____	mg/l
Total Phosphorous	_____	mg/l
pH	_____	S.U.
Others (Priority Pollutants, Heavy metals, Cyanide, etc.	_____	
Gravity Flow (Y/N--Explain)	_____	
Pressure Discharge (Y/N)	_____	

TYPE OF DISPOSAL--DOWNSTREAM CONDITIONS

Surface	_____
Subsurface	_____
Describe	_____
Effluent Reuse?	_____
Explain	_____

TYPE OF TANKAGE

	PREFFERED	**EXISTING**
Pre-Cast concrete	_____	_____
Concrete Block	_____	_____
Poured-in-Place concrete	_____	_____
Fiberglass	_____	_____
Steel	_____	_____
Other	_____	_____
Cylindrical	_____	_____
Rectangular	_____	_____
Horizontal	_____	_____
Vertical	_____	_____
Above Ground	_____	_____
Below Ground	_____	_____
Partial (how much above)	_____	_____
Earthen Basin	_____	_____
Lined Basin	_____	_____
Unlined Basin	_____	_____
Mil (If lined)	_____	_____
Construction Lagoon	_____	_____
Detention Time (days)	_____	_____
Dimensions	_____	_____
Length	_____	_____
Width	_____	_____
Depth	_____	_____
Side Slope	_____	_____
Free Board	_____	_____

For tankage not provided by IWT or retrofit applications, please provide IWT with a complete set of drawings of existing tankage.

ADDITIONAL REQUIREMENTS

Disinfection Required? (Y/N) _____

Chlorine
- Tablets _____
- Gas _____
- Liquid _____
- Other _____

Additional Capacity for Sludge holding required?	(Y/N)	_____
Separate Sludge Holding Tank Required?	(Y/N)	_____
Flow Measurement required?	(Y/N)	_____
Comminutor required?	(Y/N)	_____
Bar Screen required?	(Y/N)	_____

Power Available
- Voltage _____
- Phase _____
- Hz _____

SITE INFORMATION

If this is an IWT designed/installed project, provide "TOPO" Map of site, dimensions of area where system is to be installed, type of material to be excavated, and water table depth. Please provide additional information and/or comments specific to your project.

If necessary, use the area below to rough sketch site dimensions, piping locations, building locations, drainfield locations, etc.