



Aeration Questionnaire

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Date:		Date estimate/quote required:	
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This is a request for:	<input type="checkbox"/> An estimate	<input type="checkbox"/> A firm quote	<input type="checkbox"/> Other
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Name		Title	
Company		Phone	
Street		E-Mail Address	
City		State/County	Zip Code

Waste Characteristics (Please specify units of measure)

Source		Flow (Peak)	
Flow (Design)		TKN	
BOD		Liquid Temp	
COD			

Basin Characteristics

Number of Basins/Tanks		Site Elevation	
Operating Liquid Level		Basin Dimensions	
Slope of Sides			
Basin/Tank Construction Materials			
Existing Blowers		Pressure	Qty
Existing Aerators			

Process Characteristics

Primary Settling?		Screens?		Others?	
Ambient Temperature		Minimum		Maximum	
Alpha		Beta		Theta	
BOD/COD Removal Required		Final Effluent BOD/COD			
MLSS		MLVSS			
DO Residual		SS			
AOTR (kg/hr)		SOTR (kg/hr)			

Process Description / Other Information
