

WASTEWATER TREATMENT DIAGNOSTIC REPORT

W.W.T.P.: _____ Date: _____

Address: _____ Sales Rep.: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Supt/C.O.: _____ Contact: _____ Title: _____

AVERAGE DAILY FLOW: _____ mgd.

DESIGN CAPACITY: _____ mgd.

_____ Lift Stations

INF. BOD _____ mg/l

_____ Scum Pits

EFF. BOD _____ mg/l

_____ Equalization Tanks

INF. SS _____ mg/l

_____ Primary Clarifiers/Sludge Blanket _____ Ft.

EFF. SS _____ mg/l

_____ Aeration Tanks

SETTLEABILITY: 5 min. _____ mg/l

_____ Trickling Filters/Media Type _____

30 min. _____ mg/l

_____ R.B.C.'s

MLSS _____ mg/l

_____ Lagoons

SVI _____ ml/g

_____ Other

F:M _____

_____ Secondary Clarifiers/Sludge Blanket _____ Ft.

MCRT _____ days

_____ Sludge Thickening Tank _____ % Solids

D.O. _____ mg/l

_____ Sludge Concentration Tank _____ % Solids

p.H. _____

_____ Sludge Holding Tank _____ % Solids

RAS RATE _____ mgd.

_____ Aerobic Digester _____ % Solids

WAS RATE _____ mgd.

_____ Anaerobic Digester _____ % Solids

RECIRCULATING RATE _____ %

_____ Other

INF. AMM. LEVEL _____ mg/l

_____ Belt Filter Press, Plate & Frame,
Coil, Etc. _____ % Cake Solids

EFF. AMM. LEVEL _____ mg/l _____ Limit

Type of Sludge Disposal _____

INF. PHOS. LEVEL _____ mg/l

EFF. PHOS. LEVEL _____ mg/l _____ Limit

COMMENTS: _____
