

Engineered Project Questionnaire

Designer: The information you provide below will be used to determine applicability of Orenco products and will be the basis for any preliminary design recommendations or cost estimates. Sections marked by an asterisk* are required fields and should be filled out as completely as possible.

Designer Information*

Company Name: _____ Designer Name: _____
 Company Address: _____ City: _____
 State/Province: _____ Country: _____ Postal Code: _____
 Phone: _____ Fax: _____ E-mail: _____

Project Information*

Project Name: _____
 Project Address: _____
 City: _____ County: _____
 State/Province: _____ Country: _____ Postal Code: _____
 Local Distributor/Dealer (see www.orencos.com): _____

Facility Status New Existing
Facility Type(s)* Office Manufacturing Facility Residential Community Resort
 Restaurant RV Park School Single-Family Residence
 Other (Details): _____

Occupancy Population Equivalents (PEs) Served: _____ Equivalent Dwelling Units (EDUs) Served: _____
Usage* % Year-Round % Seasonal % Weekdays % Weekends
 Other (Details): _____

Daily Flow Rates* Estimated Average Flow: _____ Estimated Peak Flow: _____
Permitted Flows Maximum Daily Flow: _____ Maximum Monthly Flow: _____
 Average Dry Weather Flow: _____ Average Wet Weather Flow: _____

Flow Estimation Basis* Regulatory Tables Measured Flows Similar Facilities
 Other (Details): _____

Operating Permit General NPDES Other (Details): _____

Site Environment Mean Temperature, Summer: _____ Mean Temperature, Winter: _____
 Elevation Above Mean Sea Level: _____ Frost Depth at Project Site: _____

Collection System Information

System* New Existing Age of Existing System: _____
System Type* Effluent Sewer Gravity Sewer Grinder Sewer Vacuum Sewer
 Other (Details): _____
System Allocation* % Commercial % Residential % Restaurant/Food Service
 Other (Details): _____

Tankage Information

Onsite Tankage* Onsite Primary Tankage Number of: Pumped (STEP) Tanks Gravity (STEG) Tanks
 No Primary Tankage Onsite
Numbers and Volumes* **Grease Tank(s):** Number Volume **Primary Tank(s):** Number Volume
Recirc Tank(s): Number Volume **Anoxic Tank(s):** Number Volume
Batch Tanks(s): Number Volume **Discharge Tank(s):** Number Volume
Other _____ : Number Volume Details: _____

Project Questionnaire

Influent Waste Strength Information*

Influent Type Raw Wastewater
(Choose One) Partially Treated Wastewater, e.g., Septic Tank Effluent (Details): _____

Characteristic	Typical	Maximum
Chemical Oxygen Demand (COD):	_____ mg/L	_____ mg/L
Biochemical Oxygen Demand (BOD ₅):	_____ mg/L	_____ mg/L
Total Suspended Solids (TSS):	_____ mg/L	_____ mg/L
Total Dissolved Solids (TDS):	_____ mg/L	_____ mg/L
Fats, Oils, and Grease (FOG):	_____ mg/L	_____ mg/L
Total Phosphorus (TP):	_____ mg/L	_____ mg/L
Total Kjeldahl Nitrogen (TKN):	_____ mg/L	_____ mg/L
Ammonia (NH ₃ -N):	_____ mg/L	_____ mg/L
Alkalinity:	_____ mg/L	_____ mg/L
pH:	_____	_____
Chloride (Cl ⁻):	_____	_____
Sulfide (SO ₄):	_____	_____
Other (Describe):	_____	_____

Determination Method Regulatory Definition Textbook Table Similar System
 Direct Sample (Grab), Number of Samples: _____ Direct Sample (Composite), Number of Samples: _____
 Other (Details): _____

Discharge Treatment Levels*

Characteristic	Average	Not To Exceed	Sample Frequency
Biochemical Oxygen Demand (BOD ₅):	_____ mg/L	_____ mg/L	_____
Carbonaceous BOD ₅ (cBOD ₅):	_____ mg/L	_____ mg/L	_____
Total Suspended Solids (TSS):	_____ mg/L	_____ mg/L	_____
Total Dissolved Solids (TDS):	_____ mg/L	_____ mg/L	_____
Settleable Solids:	_____ mL/L	_____ mL/L	_____
Total Phosphorus (TP):	_____ mg/L	_____ mg/L	_____
Total Nitrogen (TN):	_____ mg/L	_____ mg/L	_____
Ammonia (NH ₃ -N), Summer:	_____ mg/L	_____ mg/L	_____
Ammonia (NH ₃ -N), Winter:	_____ mg/L	_____ mg/L	_____
Nitrite (NO ₂ -N):	_____ mg/L	_____ mg/L	_____
Nitrate (NO ₃ -N):	_____ mg/L	_____ mg/L	_____
Fecal Coliform (FC):	_____ CFU/100 mL	_____ CFU/100 mL	_____
Escherichia Coliform (E. coli)	_____ MPN/100 mL	_____ MPN/100 mL	_____
pH:	_____	_____	_____
Dissolved Oxygen (DO), minimum:	_____ mg/L	_____	_____
Other (Describe):	_____	_____	_____

Discharge and Dispersal Information

Disinfection None Chlorine Ultraviolet (UV)
 Other (Details): _____

Discharge Subsurface Surface Reuse (Details): _____
 Other (Details): _____

Dispersal Method Gravity Pressure Shallow Gravelless Irrigation
 Injection Well
 Other (Details): _____

Information
Provided by: _____ **Date:** _____