

Pre-Design Treatment System Information Check Sheet

INSTRUCTIONS: This checksheet is used to provide Clarus Environmental with background information about the waste source, flow characteristics, and discharge requirements for a proposed treatment system. Please fill out this form completely and forward to Clarus Environmental in order for us to provide you with accurate recommendations.

Project Name/#: _____ Date: _____ Time: _____
 Company Name: _____
 Contact Name: _____ Phone Number: _____
 Fax Number: _____ Email: _____

Waste Source

- Residential -
people/bedrooms _____
- Food Establishment -
type, meals/seat/day _____
- School / Grade
students _____
- Commercial-type _____
- Church, number services per week,
other activities _____
- Cluster System-source _____
- Other _____

- Subsurface Soil System _____
- Surface _____

Discharge Requirements

- | | |
|--|---|
| <input type="checkbox"/> BOD ₅ mg/L (or CBOD ₅) _____ | <input type="checkbox"/> NO ₃ mg/L _____ |
| <input type="checkbox"/> COD mg/L _____ | <input type="checkbox"/> TP mg/L _____ |
| <input type="checkbox"/> TSS mg/L _____ | <input type="checkbox"/> FOG mg/L _____ |
| <input type="checkbox"/> TN mg/L _____ | <input type="checkbox"/> Fecal or E. coli _____ |
| <input type="checkbox"/> NH ₄ mg/L _____ | <input type="checkbox"/> pH _____ |
| <input type="checkbox"/> NO ₂ mg/L _____ | <input type="checkbox"/> Other _____ |

Flow Characteristics (GPD / LPD specify)

- Design Flow _____
- Estimated Actual Use _____
- Days Per Week Used _____
- Peak Loading Characteristics _____
(i.e. heavily loaded 3 times per day)

Regulatory Authority

List Contact Information _____
 List applicable Regulations _____

Type of Treatment Interest

Other Considerations

Influent Characteristics

- | | |
|--|---|
| <input type="checkbox"/> BOD ₅ mg/L * _____ | <input type="checkbox"/> NO ₃ mg/L _____ |
| <input type="checkbox"/> COD mg/L _____ | <input type="checkbox"/> TP mg/L _____ |
| <input type="checkbox"/> TSS mg/L * _____ | <input type="checkbox"/> FOG mg/L _____ |
| <input type="checkbox"/> TN mg/L _____ | <input type="checkbox"/> Fecal or E. Coli _____ |
| <input type="checkbox"/> NH ₄ mg/L _____ | <input type="checkbox"/> pH _____ |
| <input type="checkbox"/> NO ₂ mg/L _____ | <input type="checkbox"/> Other Toxins _____ |
| <input type="checkbox"/> Other _____ | |

Discharge Type

Fusion® is designed to handle approximately 250 mg/L BOD₅ per day at the published flow rates. If the waste strength is different, please consult Clarus Environmental.