



# Diffused Aeration System Design Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Company: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Representative Firm: \_\_\_\_\_

City/State: \_\_\_\_\_

Rep Contact: \_\_\_\_\_

Zip & Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Request Date: \_\_\_\_\_

Application:                      Industrial                      Municipal

Basin Configuration:          New Construction          Existing Basin(s)

**Influent Flow**

Average Daily Flow:          \_\_\_\_\_          GPD          m<sup>3</sup>/d  
 Max Month Avg. Flow:          \_\_\_\_\_          GPD          m<sup>3</sup>/d  
 Max Month Peak Flow:          \_\_\_\_\_          GPD          m<sup>3</sup>/d  
 Peak Hourly Flow:          \_\_\_\_\_          GPD          m<sup>3</sup>/d

**Existing Basin Configuration**

Number of Basins: \_\_\_\_\_  
 Water Depth (ft.): \_\_\_\_\_  
 Length and Width (ft.): \_\_\_\_\_  
 Diameter (ft.): \_\_\_\_\_  
 Slope Floor: \_\_\_\_\_

**Process Type**

Equalization      Aerobic Digestion      Sludge Holding      Biological Treatment Aeration      BNR  
 Other: \_\_\_\_\_

**Influent Parameters**

BOD<sub>5</sub> (mg/l): \_\_\_\_\_  
 TSS (mg/l): \_\_\_\_\_  
 TKN (mg/l): \_\_\_\_\_  
 NH<sub>3</sub>-N (mg/l): \_\_\_\_\_  
 Total P (mg/l): \_\_\_\_\_  
 FOG (mg/l): \_\_\_\_\_  
 pH: \_\_\_\_\_

Alkalinity mg/l (as CaCO<sub>3</sub>): \_\_\_\_\_  
 WW Temp. Range:          \_\_\_\_\_          C          F  
 Ambient Temp. Range:          \_\_\_\_\_          C          F  
 Site Elevation:          \_\_\_\_\_          ft          m

**Effluent Parameters**

BOD<sub>5</sub> (mg/l): \_\_\_\_\_  
 NH<sub>3</sub>-N (mg/l): \_\_\_\_\_  
 TN (mg/l): \_\_\_\_\_  
 Total P (mg/l): \_\_\_\_\_



**Process Parameters**

SOR (lb/day): \_\_\_\_\_ Existing Blower Capacity (SCFM): \_\_\_\_\_  
AOR (lb/day): \_\_\_\_\_ Existing Blower Capacity (psig): \_\_\_\_\_  
Alpha ( $\alpha$ ): \_\_\_\_\_ MLSS (mg/L): \_\_\_\_\_  
Mixing Application (SCFM provided): \_\_\_\_\_

Information Requested:

Preliminary Design – Equipment Summary – Budget Price

Complete Design – Specifications – Layout Drawing – Budget Price

Please attach applicable supporting documents.

Additional Information: