

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: GREEN WASTEWATER SOLUTIONS _____

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: _____

Influent Waste Strength Information***EFFLUENT TEST REQUIRED PRIOR TO ANY PRELIMINARY DESIGN OF PROPOSED SYSTEM.****If waste water test has been completed please forward to info@greenwastewatersolutions.com.****Discharge Treatment Permit Requirements:**

Characteristic	Average
Biochemical Oxygen Demand (BOD ₅):	_____ mg/L
Total Suspended Solids (TSS):	_____ mg/L
Total Nitrogen (TN):	_____ mg/L
Fecal Coliform (FC):	_____ CFU/100 mL
Fats, Oil & Grease (FOG):	_____ mL/L
Other (Describe):	_____
Other (Describe):	_____
Other (Describe):	_____

Discharge and Dispersal Information

Disinfection	<input type="checkbox"/> None	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Ultraviolet (UV)
	<input type="checkbox"/> Other (Details): _____		
Discharge	<input type="checkbox"/> Subsurface	<input type="checkbox"/> Surface	<input type="checkbox"/> Reuse (Details): _____
	<input type="checkbox"/> Other (Details): _____		
Dispersal Method	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input type="checkbox"/> Shallow Gravelless <input type="checkbox"/> Irrigation
	<input type="checkbox"/> Injection Well		
	<input type="checkbox"/> Other (Details): _____		

Information

Provided by: _____ **Date:** _____

**AFTER COMPLETION SAVE TO YOUR COMPUTER
THEN EMAIL TO: info@greenwastewatersolutions.com**