

# Wastewater Treatment Questionnaire

**Customer:**

**Location:**

**Date:**

**Problem/Goal:** State the problem and what needs to be achieved to correct it. (ie. Reduce BOD<300)

<b>Influent and Effluent:</b>	<b>Influent</b>	<b>Effluent</b>	<b>Target</b>
BOD			
COD			
TSS			
pH			
Temperature			
Nitrogen			
Phosphorous			
Dissolved Oxygen			

**Physical Treatment Plant:**

- Type
- Flow
- Holding Capacity
- Retention Time
- System Description
  
- System Outline

**Waste Source:** (describe the source of the waste. ie. domestic, industrial(describe) etc.)

**Current Treatment:**

**Other Information:**

**Recommendation:**