



Wastewater Treatment System Data Input Sheet

Project Name:		Contact Name:	
City/County:		Company Name:	
State/Country:		Address:	
Date:		Phone:	
Project Type:		Email:	

Wastewater Influent Characterization

Influent Flow Rate (ADF):		GPD	Notes, Comments, or Additional Info:
Influent BOD:		mg/l	
Influent TSS:		mg/l	
		mg/l	
Influent P:		mg/l	
Influent pH:			
Influent Alkalinity:		mg/l	
Project Site Elevation:		Ft	
Average Annual Air Temp:		°F or	
Maximum Air Temp:		°F or	
Minimum Air Temp:		°F or	

Treatment System Design Effluent Requirements

Effluent BOD:		mg/l	Notes, Comments, or Additional Info:
Effluent TSS:		mg/l	
Effluent Ammonia (Jun-Oct)		mg/l	
Effluent Ammonia (Nov-May)		mg/l	
		mg/l	
Effluent P:		mg/l	
Effluent FOG:		mg/l	
Effluent Alkalinity:		mg/l	
Effluent pH:			
Effl. Dissolved Oxygen:		mg/l	
Coliforms		N/100ml	

Additional Treatment System Functions & Information

Input # of Treatment Trains:		Notes, Comments, or Additional Info:
Is Disinfection Required?		
Disinfection Type?	Chlorine Tablet	
Mechanical Influent Screening Proposed?	Yes	
Select Power Supply:		

Please use this space to provide any project information that may impact wastewater design (i.e. seasonal use, ancillary equipment needs, etc.):

Feel free to attach project documents, permits, site plans, that will help the wastewater design