Design Application Data for Aerobic Digester Facilities

Project Name: _____ Location: _____

Engineer	Owner
Contact Name _____	_____
Company Name _____	_____
Street Address _____	_____
City, State, Zip _____	_____
Telephone _____ Fax _____	Telephone _____ Fax _____
E-mail Address _____	_____

Section 1: Wastewater Characteristics

	Influent (mg/l)	Effluent (mg/l)	Mo. Ave. NPDES Limit (mg/l)
BOD_5:	_____	_____	_____
TSS:	_____	_____	_____
TKN:	_____	NH_4-N: _____	NH_4-N: _____

System Flow Data (mgd):

Design: _____ Ave. Daily: _____ Peak 2-hour: _____

Section 2: Electrical Data

Voltage: _____ Phase: _____ Hertz: _____

Existing Equipment Type: (please circle)
Fixed Rotors / Orbal Discs / Floating Verticals / Low-Speed Verticals / Diffused Air / Mixers / Other: _____
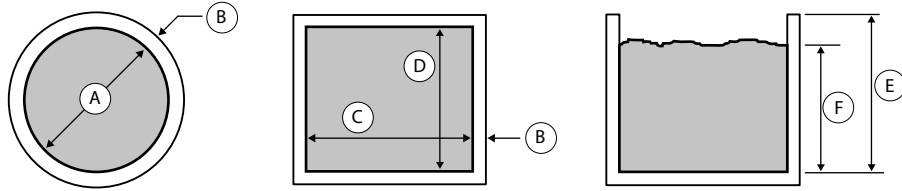
Existing HP: _____ Design HP: _____

Does the system meet compliance parameters? (Y/N) _____

Section 3: Basin Geometry

Please provide engineering drawings of the system which shows obstructions, existing equipment, walkways, influent and effluent piping and structures, etc. Otherwise, please provide the information below:

DIMENSIONS			
A		B	
C		D	
E		F	

LEGEND:

"A" - diameter of round basin   "F" - depth at waterline
"B" - wall thickness   "G" - width at bottom of basin
"C" - length of rectangular basin   "H" - width at waterline
"D" - width of rectangular basin   "I" - slope of wall (1:1, 1:2, etc.)
"E" - overall depth of basin

B		D	
E		F	

B		D	
E		F	
G		H	
I			

B		D	
E		F	
G		H	
I			

B		D	
E		F	
G		H	
I			