



Design & Quote Request Form

Wastewater Collection, Treatment, and Dispersal

4 Business Park Road, PO Box 768, Old Saybrook, CT 06475
(800) 221-4436 (860) 577-7000 (860) 577-7001 FAX

Project Information

RUSH REQUEST:

Date: _____ Respond By Date: _____ Site Dwgs Available Site Pics Available Project Plans and/or Specs Available

Project Name: _____ Funding: _____ Regulatory Agency: _____

Project Address: _____ State: _____ Project Zip Code: _____

Design Status: _____% Complete Permitted Approved Deliverable: Preliminary Budget Final Design Documents Quote

Installation Type:	Tank Construction:
Influent Collection: <input type="checkbox"/> Raw <input type="checkbox"/> Grease Trap <input type="checkbox"/> STEP/STEG <input type="checkbox"/> Flow EQ	Effluent Discharge/Dispersal Type:
Influent Flow: <input type="checkbox"/> Gravity <input type="checkbox"/> Pumped; Flow: _____ gpm@	Effluent Flow: <input type="checkbox"/> Gravity <input type="checkbox"/> Pumped; Flow: _____ gpm@
Influent Pumps: <input type="checkbox"/> Sewage <input type="checkbox"/> Grinder <input type="checkbox"/> Effluent <input type="checkbox"/> Multistage	Effluent Pumps: <input type="checkbox"/> Sewage <input type="checkbox"/> Grinder <input type="checkbox"/> Effluent <input type="checkbox"/> Multistage
Dispersal Area Available:	Soil Texture: _____ Perc Rate: _____ Loading Rate: _____ Soil Depth: _____ in.

Wastewater Detail

Ownership Entity: Municipal Residential Commercial Agriculture Govt/Military Industrial Indian Reservation

Sanitary Strength: Apartments Houses Hotel Offices Institution School Mobile Homes Recreation (RV)

High Strength: Brewery Food Dairy Textile Chemical Pharmaceutical
 Winery Beverage Stockyard Pulp & Paper Mining Other (specify): _____

Wastewater Data (please provide as much wastewater data as possible; sample from an influent flow point)

DATE OF SAMPLE: _____ SPECIFY SAMPLE LOCATION: Raw Influent Settled Influent

SAMPLE TYPE: Grab Sample Composite Sample Data is assumed or projected

Design Average Flow (ADF): _____ GPD _____ GPM Design Max. Day Flow (PDF): _____ GPD _____ GPM

PARAMETERS:	Influent	Effluent Requirement
Biochemical Oxygen Demand (BOD ₅)	mg/L	mg/L
Chemical Oxygen Demand (COD)	mg/L	mg/L
Total Suspended Solids (TSS)	mg/L	mg/L
Total Dissolved Solids (TDS)	mg/L	mg/L
Oil and Grease (O&G)	mg/L	mg/L
Alkalinity (ALK) as Calcium Carbonate	mg/L	mg/L
Ammonia (NH ₃)	mg/L	mg/L
Total Kjeldhal Nitrogen (TKN)	mg/L	mg/L
Total Nitrogen (TN)	mg/L	mg/L
Total Phosphorus (TP)	mg/L	mg/L
Disinfection: <input type="checkbox"/> E.Coli. <input type="checkbox"/> Fecal Coli. <input type="checkbox"/> Total Coli.	N/100mL	N/100mL
Dissolved Oxygen (DO)	mg/L	mg/L
pH Range	-	-

Minimum Influent Water Temperature _____ degF Power: _____ Ph _____ VAC _____ Hz Elevation: _____ ft ASL

Minimum Seasonal Air Temperature _____ degF Low Flow Devices Garbage disposals RV/Portajon Dump Station

Maximum Seasonal Air Temperature _____ degF Seasonal flows. Please specify:

Product Information

Collection & Dispersal Products: Influent/Effluent Pump Stations ECOFILTER Infiltrator Chambers EZflow ATL AES ECODRIP

Treatment Products: Whitewater UC/DF ATU ECOPOD ATU ECOPOD Package Plant Extended Aeration Package Plant

Notes (Design Assumptions, Site Conditions, Challenges, Constraints, Other Permit Requirements, etc.)

Processes Req'd: Primary Flow EQ Sludge Holding Chlor. Dechlor. UV Flow Metering Filtration Other (specify below): _____

Contact Information

How did you hear about Delta Treatment Systems?: _____

Name: _____ E-mail: _____

Company: _____ Phone: _____

Address: _____ Fax: _____