

JET AERATION AND MULTI-ASPIRATOR QUESTIONNAIRE

Date _____ Date proposal required by _____
Name _____ Title _____
Company _____ Telephone _____
Address _____ Fax _____
City _____ E-mail _____
State _____ Country _____ Postal / Zip Code _____

WASTE CHARACTERISTICS *(Please specify units of measure)*

Source _____
Flow (Design) _____ Flow (Peak) _____
BOD₅ _____ TKN *(if applicable)* _____
COD _____ Liquid Temperature _____

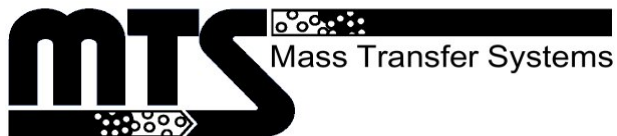
BASIN CHARACTERISTICS

Number of Basin _____ Site Elevation _____
Operating Liquid Level _____
Basin Dimensions at bottom (Attach sketch, if available) _____
Slope of sides (if applicable) _____ Tank above or below grade? _____
Tank material of construction _____
Existing blower(s), if any _____
Flow (SCFM) _____ Pressure (psig) _____ Quantity _____
Existing aerator(s), if any _____

PROCESS CHARACTERISTICS

Primary Settling? _____ Screens? _____ Other _____
BOD Reduction (primary) _____
Ambient Temperature: Minimum _____ Maximum _____
Alpha _____ Beta _____ Theta _____
BOD removal required _____ Final effluent, BOD _____
MLSS _____ MLVSS _____
Dissolved Oxygen (minimum) _____ SS _____
Actual Oxygen Required (AOR), if available _____
Standard Oxygen Required (SOR), if available _____

PROCESS DESCRIPTION AND OTHER INFORMATION



PLEASE FAX OR E-MAIL TO:
MASS TRANSFER SYSTEMS
Walpole, Massachusetts 02780 USA
T: 001 (508) 660-9150 F: 001 (508) 660-9151
E-Mail: mts.sales@mtsjets.com