



International Wastewater Technologies, LLC

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DESIGN QUESTIONNAIRE - Please provide as much information as possible.

Date: _____

Project: _____

Address: _____

Project Status: _____

Owner: _____

Consultant: _____

Telephone: _____

Fax: _____

E-mail: _____

SITE CRITERIA

Ambient Temperature Range _____

Permanent System (Y/N) _____

Length of Time _____

Dimensional Site Limitations _____

Site Elevation _____

Est. Construction Date _____

Open Top _____

Closed Top _____

INFLUENT CONDITIONS

Design Flow Average (ADWF) _____ GPD

Peak Daily flow (PDWF) _____ GPD

Peak Storm flow (PWWF) _____ GPD

BOD (5 day test) _____ mg/l

Suspended Solids _____ mg/l

Ammonia Nitrogen as Nitrogen _____ mg/l

Total Kjeldahl Nitrogen (TKN) _____ mg/l

Phosphorous as P _____ mg/l

pH _____

Alkalinity (CaCO₃) _____

Minimum Number Aeration Basins (Required by State) _____

Wastewater Temperature Range _____

INDUSTRIAL AND/OR TOXIC WASTE

Type _____

Content _____

Characteristics _____

Flow Rate (If any) _____

Operating Period _____

EFFLUENT REQUIREMENTS

BOD (5 Day)	_____	mg/l
Suspended Solids	_____	mg/l
Ammonia Nitrogen as Nitrogen	_____	mg/l
Nitrate Nitrogen as Nitrogen	_____	mg/l
Total Nitrogen-TN	_____	mg/l
Total Phosphorous	_____	mg/l
pH	_____	S.U.
Others (Priority Pollutants, Heavy metals, Cyanide, etc.)	_____	
Gravity Flow (Y/N--Explain)	_____	
Pressure Discharge (Y/N)	_____	

TYPE OF DISPOSAL--DOWNSTREAM CONDITIONS

Surface	_____
Subsurface	_____
Describe	_____
Effluent Reuse?	_____
Explain	_____

TYPE OF TANKAGE

	<u>PREFERRED</u>	<u>EXISTING</u>
Pre-Cast concrete	_____	_____
Concrete Block	_____	_____
Poured-in-Place concrete	_____	_____
Fiberglass	_____	_____
Steel	_____	_____
Other	_____	_____
Cylindrical	_____	_____
Rectangular	_____	_____
Horizontal	_____	_____
Vertical	_____	_____
Above Ground	_____	_____
Below Ground	_____	_____
Partial (how much above)	_____	_____
Earthen Basin	_____	_____
Lined Basin	_____	_____
Unlined Basin	_____	_____
Mil (If lined)	_____	_____
Construction Lagoon	_____	_____
Detention Time (days)	_____	_____
Dimensions	_____	_____
Length	_____	_____
Width	_____	_____
Depth	_____	_____
Side Slope	_____	_____
Free Board	_____	_____

For tankage not provided by IWT or retrofit applications, please provide IWT with a complete set of drawings of existing tankage.

ADDITIONAL REQUIREMENTS

Disinfection Required? (Y/N) _____

Chlorine

Tablets _____
Gas _____
Liquid _____
Other _____

Additional Capacity for Sludge holding required? (Y/N) _____
Separate Sludge Holding Tank Required? (Y/N) _____
Flow Measurement required? (Y/N) _____
Comminutor required? (Y/N) _____
Bar Screen required? (Y/N) _____

Power Available
Voltage _____
Phase _____
Hz _____

SITE INFORMATION

If this is an IWT designed/installed project, provide "TOPO" Map of site, dimensions of area where system is to be installed, type of material to be excavated, and water table depth. Please provide additional information and/or comments specific to your project.

If necessary, use the area below to rough sketch site dimensions, piping locations, building locations, drainfield locations, etc.