

# CLIENT INPUT SHEET

Date:

By:



CLIENT OR PROJECT NAME:

## INDIVIDUAL WASTEWATER STREAMS

WASTEWATER DATA		Source 1	Source 2	Source 3	Desired Disch. Limit
	UNITS				
Flow, Average	GPD				
Flow, Peak	GPM				
Temperature range	(°F)				
pH range	(s.u.)				
TSS, Avg.	(mg/L)				
TSS, Peak	(mg/L)				
FOG, Avg.	(mg/L)				
FOG, Peak	(mg/L)				
BOD	(mg/L)				
Anticipate slugs of oil/fat over 50%?	Yes/No				
Anticipate foaming?	Yes/No				
Operating Hrs	Per Wk				

## OPERATING COSTS/REVENUE

DAF Chemicals	\$/mo	
Sludge Disposal	\$/mo	
Current Oil/Fat marketed	\$/lb	
Amount Oil/Fat marketed	lb/mo	
FOG compliance costs if any	\$/mo	
Other		

## ENGINEERING DATA

Is Steam available 24/7, if No, how frequent	Yes/No	
FDA/USDA requirement	Yes/No	
Space constraints, if any	Sqft	
Feed Sump Existing?	Yes/No	
Need Feed Pump?	Yes/No	
Discharge by Gravity OK?	Yes/No	
Other		