FILTER INNOVATIONS INC.

744 Gordon Baker Road
Toronto, Ontario M2H 3B4
Tel: (416) 490-7848
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www.filterinnovations.com

General Wastewater Treatment Questionnaire

Name of Project: _____

Location: _____
_____
_____

Contact Person: _____ **Position:** _____
Phone: _____ **Email:** _____

Background Information

Application:

_____
_____
_____

Guideline(s) required to be met:
- □ MOE Sewer Discharge
- □ Surface Water Discharge
- □ Others: _____

Certificate of Approval (CoA) Require: □ No □ Yes
If yes, □ Applied □ Existing □ Required

Type of Project:
□ New Plant □ Upgrade Existing □ Replace Old Equipment

Reason for Wastewater Treatment Plant: □ Sewer-use Surcharge Cost (CDN): _____
□ Hauling Cost Cost (CDN): _____
□ Others: _____

Time to Implement New System: □ 1-3mth □ 3-6mth □ 6-12mth Other: _____
Hours of Plant Operation: □ 8 hrs □ 16 hrs □ 24 hrs Other: _____
Days of Plant Operation: _____

Water Source: □ Sump
□ Groundwater (Well)
□ Collection Tank
□ Others: _____ If pipe, diameter _____

Discharge Point: □ Sewer □ Reuse/recycle □ Surface water
Distance From Water Source To Treatment System: _____
Elevation Above Sea Level: _____

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Do You Require Housing For The Water Treatment System? □ Yes □ No
Area Available for System: _____
Dimensions: ____Length _____Width _____Height

Heating Required: □ Yes □ No

Off-gas Discharge Requirement: □ Atmosphere □ Air Treatment System
If Air Treatment System Required, Do You Need A Certificate of Approval:
□ Yes If Yes, then; □ Applied □ Existing □ Required
□ No

Power Available on Site:
□ 3-Phase _____ V _____ Amps _____ Hz
□ Single Phase _____ V _____ Amps _____ Hz

Influent Information Required
Temperatures of Influent: Min _____ Max _____
Water Flow Rate (GPM): Min _____ Max _____
Pressure (line): Min _____ Max _____
pH: _____

Hazardous Material(s) Present: □ Yes □ No

Particulates: □ Settled □ Suspended/colloidal
Particulate Size: _____ **Microns**
Please include a particle distribution curve, if available

Oil and Grease: □ Yes □ No
Type(s) of oil: _____ Specific Gravity: _____
_____ Specific Gravity: _____
□ Emulsified Mechanically □ Emulsified Chemically □ Free Product

Organics: _____mg/L **Inorganics:** _____mg/L **Nitrate:** _____mg/L
COD: _____mg/L **TSS:** _____mg/L **BOD:** _____mg/L
Ammonia _____mg/L **Turbidity:** _____

Others:_____
_____
_____

Pre-Testing Requirements □ No □ Yes
Rental Package Required by Customer Prior to Installation of Full Scale System

Please attach water analysis report:
Please describe any Existing Treatment System(s) currently operating:
_____
_____

Simplified Layout: