Design Criteria 1/16/06
Tel: (508) 998-7577
Fax: (508) 998-7177

SYSTEM DESIGN CRITERIA

Date:	**Requested Response Time:**

Engineer:	**Customer/Contact:**
Address:	Project Name:
	Address:
E-Mail:	
Tel: Fax:	

Application / Description:	☐ Residential	☐ Commercial	☐ Industrial	☐ Institutional	☐ School	☐ Other
Provide relevant details:						
Type of Collection System:	☐ Gravity	☐ Grinder Pumps	☐ S.T.E.P.	☐ Pump Stations	☐ S.T.E.G	☐ Other
Type of Disposal System:	☐ Stream	☐ Conventional Leach Field		☐ Drip Disposal	☐ Spray	☐ Other

Wastewater Flow Calculations: (Please show calculations that are basis of the design). Design Flow:	**Comments:** (topography, permits, flow calculations, technology requests, containerization requests, etc. Please append information as needed.)
Actual Daily Flow:	
Maximum Daily Flow:	
Peak Hourly Flow or peaking factor (please specify):	

Residential, Municipal, Commercial or Industrial Applications*

** Please obtain composite samples at the septic tank effluent tee for the parameters listed under INFLUENT DATA*

** Please provide Aquapoint with all applicable Material Safety Data Sheets (MSDS)*

INFLUENT DATA

Specify sample type & location: ☐ Grab Sample ☐ Composite Sample

☐ Septic tank influent ☐ Septic tank effluent

Seasonal Flows: ☐ Y ☐ N when?

Will low flow devices be utilized?: ☐ Y ☐ N

Will garbage disposal/grinders be utilized?: ☐ Y ☐ N

Wastewater Temperature (10^{o} C assumed unless specified):

Site Elevation (feet above sea level):

Parameter	Raw	Settled	
pH:			
BOD_5:			
COD:			
TSS:			
TKN:			
Alkalinity:			
Ammonia-N:			
Oil & Grease (are traps included?):			
Phosphorus:			
Other:			

EFFLUENT REQUIREMENTS

Please specify location of effluent requirements:

e.g. System effluent pipe; groundwater interface; property line

Please specify $CBOD_5$ for organic load when allowed

pH:

$CBOD_5$:

BOD_5:

COD:

TSS:

Ammonia-N:

Nitrate-N:

Total Nitrogen:

Oil & Grease:

Phosphorus:

Fecal Coliform:

Dissolved Oxygen:

Turbidity:

Other:

NOTES: ** Commercial installations require baffled septic tanks and a gas baffle under the effluent tee*

Aquapoint Representative: Date:	Engineer Signature: Date:

IMPORTANT: *The information provided by you on this form will be relied upon by Aquapoint Inc. in determining project specifications and pricing. Accordingly, all such information must be complete and accurate and any fact or circumstance that comes to your attention after the date hereof that may in any way render any information contained herein incomplete or inacurate must be brought to the attention of Aquapoint Inc. immediately.*