

Date:

SYSTEM DESIGN CRITERIA

Requested Response Time:

Engineer/Firm:

Address:

E-mail:

Tel: Fax:

Customer/Contact:

Project Name:

Address:

E-mail: Tel:

Application / Description: Residential Commercial Institutional School Industrial Other

Provide relevant details and applicable permit:

Type of collection system: Gravity Pump Station(s) Grinder Pump S.T.E.P. S.T.E.G. Other

Type of disposal system: Conventional Leach Field Drip Irrigation Stream Spray Irrigation Other

Wastewater Flow Calculations:
(Please show calculations that are basis of the design)

Design Flow: Average Daily Flow:

Max Daily Flow: Peak Hourly Flow:

or

*Max daily flow will be used for design if specified. Peaking factor:

Comments: (Topography, permits, flow calculations, technology requests, containerization requests, etc. Please append information as needed.)

* If possible, please obtain raw or settled wastewater composite samples for the applicable parameters listed under INFLUENT DATA
* Please provide Jet Inc with all applicable Material Safety Data Sheets (MSDS)

INFLUENT DATA			EFFLUENT DATA	
Specify sample type: <input type="checkbox"/> Grab Sample <input type="checkbox"/> Composite Sample <input type="checkbox"/> Data is assumed or projected Specify sample location: <input type="checkbox"/> Raw Influent <input type="checkbox"/> Settled Influent Seasonal flows? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? <input type="text"/> Will low flow devices be utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No Will garbage disposal/grinders be utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No Low Wastewater Temp (°C): <input type="text"/> (10°C assumed unless specified) Site Elevation (feet above sea level): <input type="text"/>			Please specify location of effluent requirements (e.g. System effluent pipe, groundwater interface, property line, etc.): <input type="text"/> (Please specify CBOD ₅ for organic load when possible)	
			Parameter	Effluent Requirement
			pH	<input type="text"/>
			CBOD ₅ (mg/L)	<input type="text"/>
			BOD ₅ (mg/L)	<input type="text"/>
			COD (mg/L)	<input type="text"/>
			TSS (mg/L)	<input type="text"/>
			Ammonia-N (mg/L)	<input type="text"/>
			Nitrate-N (mg/L)	<input type="text"/>
			Total Nitrogen (mg/L)	<input type="text"/>
			Oil & Grease (mg/L)	<input type="text"/>
			Phosphorus (mg/L)	<input type="text"/>
			Fecal Coliform (colonies/ 100mL)	<input type="text"/>
			Dissolved Oxygen (mg/L)	<input type="text"/>
			Turbidity (NTU)	<input type="text"/>
			Other: <input type="text"/>	<input type="text"/>

NOTES: Installations require baffled septic tanks and a gas baffle under the effluent tee.

Jet Inc Representative: _____ Engineer's Signature: _____ Date: _____

IMPORTANT: The information provided by you on this form will be relied upon by Jet 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 inaccurate must be brought to the attention of Jet Inc immediately.