



Biosolids Processing Questionnaire

The data you supply on this questionnaire will be used to develop a recommendation. More complete information yields a more accurate evaluation. Please contact us if you have any questions or need assistance.

Company or Municipality: _____

Address: _____

_____ e-mail: _____

Contact: _____ Voice: _____ Fax: _____

Plant Name/Location if different: _____

Consulting Engineer: _____

Address: _____

_____ e-mail: _____

Contact: _____ Voice: _____ Fax: _____

Objective

Project summary and objectives (what is most important?): _____

What is the present method of treatment (Or, what methods have been investigated or considered?) _____

Feed Characteristics

Plant Process (type of plant): _____

Type of Sludge: _____ Sludge Age: _____

Sampling Location: _____

Total Solids Concentration by Weight: _____ % or _____ mg/l Temperature: _____

Suspended Solids Concentration by Weight: _____ % or _____ mg/l Volatile Solids %: _____

Other: _____

Process Rate

Feed Rate: _____ gpm or _____ lbs dry solids/hr

Operating Time: _____ hrs/day, _____ days/wk

Liquids

What are the desired characteristics of the liquid phase? _____

Suspended solids concentration: _____ mg/l Other: _____

Solids

What are the desired characteristics of the solids phase? _____

Total solids concentration: _____ % Other: _____

What happens to the cake or 'solids' after dewatering? _____

Please provide us with any additional information, process sketches, flow sheets, or special instructions.