

Commercial Project Questionnaire

Orengo Distributor/Dealer: _____ Date: _____

Project Information

Project Name: _____

Project Address: _____

City: _____ County: _____

State: _____ Country: _____ Postal Code: _____

Status: New Project Existing Project

Facility Type(s): Office Manufacturing Facility Residential Community

Resort Restaurant RV Park

School Single-Family Residence

Other: _____

PE (Population Equiv.) Served: _____ EDUs (Equivalent Dwelling Units) Served: _____

Usage: Year-Round Seasonal

Weekdays Only Weekends Only

Other: _____

Estimated Daily Flow Rates: Average: _____ Peak: _____

(Indicate flow rates in US gallons, Imperial gallons, or cubic meters)

Basis for Estimation: Regulatory Tables Metered Flows Similar Facilities

Other: _____

Designer Information

Company Name: _____ Designer Name: _____

Company Address: _____

City: _____ County: _____

State: _____ Country: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Collection Information

Collection System Allocation: % Commercial % Residential % Restaurant/Food Service

% Other (explain): _____

% Other (explain): _____

Collection System Type: Gravity Sewer Grinder Sewer Vacuum Sewer

Effluent Sewer Primary Tankage Onsite

Other: _____

Project Questionnaire

Tankage Information

Volumes: Grease Tank(s): _____ Primary Tank(s): _____
 Recirc Tank(s): _____ Discharge Tank(s): _____
 Other: _____
(Indicate flow rates in US gallons, Imperial gallons, or cubic meters)

Influent Waste Strength Following Primary Tankage

Characteristic	Typical	Maximum
Carbonaceous Oxygen Demand (COD):	_____ mg/L	_____ mg/L
Biochemical Oxygen Demand (BOD ₅):	_____ mg/L	_____ mg/L
Total Suspended Solids (TSS):	_____ mg/L	_____ mg/L
Fats, Oils, and Grease (FOG):	_____ mg/L	_____ mg/L
Total Phosphorus (TP):	_____ mg/L	_____ mg/L
Total Kjeldahl Nitrogen (TKN):	_____ mg/L	_____ mg/L
Alkalinity:	_____ mg/L	_____ mg/L
pH:	_____	_____
Other:	_____	_____

Method of Determination: Regulatory Definition Textbook Table Similar Facility
 Direct Sample Test — Grab Direct Sample Test — Composite
 Other: _____

Discharge Treatment Levels

Characteristic	Typical	Maximum
Biochemical Oxygen Demand (BOD ₅):	_____ mg/L	_____ mg/L
Total Suspended Solids (TSS):	_____ mg/L	_____ mg/L
Total Phosphorus (TP):	_____ mg/L	_____ mg/L
Total Nitrogen (TN):	_____ mg/L	_____ mg/L
Ammonium (NH ₄):	_____ mg/L	_____ mg/L
Nitrite (NO ₂):	_____ mg/L	_____ mg/L
Nitrate (NO ₃):	_____ mg/L	_____ mg/L
Dissolved Oxygen (DO):	_____ mg/L	_____ mg/L
Fecal Coliform (FC):	_____ CFU/100 mL	_____ CFU/100 mL
Escherichia Coliform (E. coli):	_____ MPN/100 mL	_____ MPN/100 mL
pH:	_____	_____
Other:	_____	_____

Discharge Method: Drip Irrigation Injection Well Gravity Discharge into Soil
 Pressurized Drainfield Reuse Discharge into Water Body
 Orenco® Shallow Pressurized Dispersal System (SPDS)
 Other: _____