

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: _____