

System Design Worksheet

Engineering company / Designer Name: _____

Phone/E-mail : _____ / _____

Distributor: _____

Project Name _____

Phone/E-mail: _____ / _____

Project Address: _____

Expected installation date: _____
Month / Year
Month Year

Project Information: New Existing **Design Flow (gpd):** _____

How is Design Flow Calculated?: _____
(Which category)

Facility Type: Single Family Residence subdivision Apartment Hotel (B&B) Resort
 Restaurant Office Store School Public Restroom
 Other

Site Description: Seasonal H-20 Requirement High Water Table Other

Additional information: _____

Influent (Existing or Required parameter)

Sampled from Where? _____

BOD5: _____ COD: _____

TSS: _____ TKN: _____

Ammonia-N: _____ Alkalinity: _____

FOG: _____ pH: _____

Min. _____ GPD / Max. _____ GPD

Avg. _____ GPD / Peak. _____ GPD

Business Hours (if applicable): _____

Effluent (Required parameter)

BOD5: _____ CBOD5: _____

COD: _____ TSS: _____

Ammonia-N: _____ Nitrate: _____

Total Nitrogen: _____ FOG: _____

Fecal: _____ DO: _____

Turbidity: _____