



Date: \_\_\_\_\_

Project name: \_\_\_\_\_

Project address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project owner: \_\_\_\_\_ Owner's email: \_\_\_\_\_

Designing firm: \_\_\_\_\_ Designer's name: \_\_\_\_\_

Designer's phone number: \_\_\_\_\_ Designer's email: \_\_\_\_\_

Facility Type: Office building \_\_\_\_\_ Restaurant \_\_\_\_\_ Shopping plaza \_\_\_\_\_ Combined facility \_\_\_\_\_ Gas station \_\_\_\_\_

Campground \_\_\_\_\_ RV resort \_\_\_\_\_ Winery \_\_\_\_\_ Brewery \_\_\_\_\_ Cannabis \_\_\_\_\_ Bakery \_\_\_\_\_ Coffee shop \_\_\_\_\_ Other \_\_\_\_\_

If other type of facility, please describe here \_\_\_\_\_

### Office Facility

# of employees: \_\_\_\_\_

# of fixtures: \_\_\_\_\_

# of parking spaces: \_\_\_\_\_

#### Operation

Sun Mon Tue Wed Thu Fri Sat

Year-round or Seasonal

Estimated/Measured influent

GPD: \_\_\_\_\_

BOD: \_\_\_\_\_ TSS: \_\_\_\_\_

FOG: \_\_\_\_\_ NH3: \_\_\_\_\_

PH: \_\_\_\_\_ TN: \_\_\_\_\_

#### Desired effluent

BOD: \_\_\_\_\_ TSS: \_\_\_\_\_

FOG: \_\_\_\_\_ NH3: \_\_\_\_\_

PH: \_\_\_\_\_ TN: \_\_\_\_\_

### Restaurant

Type of food: \_\_\_\_\_

Style of food: plate / basket / catering

# of meals: \_\_\_\_\_

# of parking spaces: \_\_\_\_\_

#### Operation

Hours of Operation: \_\_\_\_\_

Sun Mon Tue Wed Thu Fri Sat

Year-round or Seasonal

Estimated/Measured influent

GPD: \_\_\_\_\_

BOD: \_\_\_\_\_ TSS: \_\_\_\_\_

FOG: \_\_\_\_\_ NH3: \_\_\_\_\_

PH: \_\_\_\_\_ TN: \_\_\_\_\_

#### Desired effluent

BOD: \_\_\_\_\_ TSS: \_\_\_\_\_

FOG: \_\_\_\_\_ NH3: \_\_\_\_\_

PH: \_\_\_\_\_ TN: \_\_\_\_\_

### RV/Campground

# of RV spots: \_\_\_\_\_

# of tent sites: \_\_\_\_\_

# of separate showers: \_\_\_\_\_

On-site laundry: \_\_\_\_\_

Food service on site: \_\_\_\_\_

#### Operation

Sun Mon Tue Wed Thu Fri Sat

Year-round or Seasonal

Estimated/Measured influent

GPD: \_\_\_\_\_

BOD: \_\_\_\_\_ TSS: \_\_\_\_\_

FOG: \_\_\_\_\_ NH3: \_\_\_\_\_

PH: \_\_\_\_\_ TN: \_\_\_\_\_

#### Desired effluent

BOD: \_\_\_\_\_ TSS: \_\_\_\_\_

FOG: \_\_\_\_\_ NH3: \_\_\_\_\_

PH: \_\_\_\_\_ TN: \_\_\_\_\_

One Tank-Five Chambers-Total Treatment