

MBBR/IFAS APPLICATION SHEET



To request an evaluation, please complete this form with all relevant information and submit via phone, fax, or email to the attention of **Headworks Bio Quotes**:

TELEPHONE 1.713.647.6667	FAX 1.713.647.0999	EMAIL quotes@headworksintl.com
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Project Name: _____

Industry Category: _____

End-user Name: _____

Headworks Representative (if applicable): _____

Design Engineer (if applicable): _____

Tel: _____ **Fax:** _____ **Email:** _____

Project Location (City, State, Country) _____

Existing System (describe if applicable): _____

System required (check one): MBBR _____ IFAS _____

Objective (check one): BOD Reduction _____ Nitrification _____ Total Nitrogen Removal _____

Wastewater Characterization Profile / Design Parameters				
Parameter	Minimum	Average	Maximum	Effluent Discharge Limitation
Flow (gpd or m ³ /day)				
Temp °(degrees)				
BOD (mg/L)				
sBOD (mg/L)				
COD (mg/L)				
TSS (mg/L)				
FOG (mg/L)				
TKN (mg/L)				
TN (mg/L)				
Ammonia-N (mg/L)				
Phosphorus (mg/L)				
Alkalinity (mg/L)				
TDS (mg/L)				
pH (S.U.)				

Headworks Bio Inc.
800 Wilcrest, Ste.340
Houston, TX 77042

Questions? Call: 1-713-647-6667
WEB: www.headworksusa.com

Physical Design / Space Considerations			
Designated Area		Tanks for Retrofit	
Space (LxWxH)		Dimensions	
Utilities	Capacit	y	
Electrical Supply		Covered	
Potable Water		Available Fittings	
Compressed Air		Other Usable Equipment	
Current Surcharges	Lift	Stations	
BOD		Blowers	
TSS		Clarifiers / DAFs	
NH ₄		Sludge Handling Equipment	

Existing Treatment System Performance (if applicable)				
Unit	Type	Quantity	Volume / Capacity	Dimensions
Aeration basin				
Clarifier				
Aeration				

Additional Information:			
Proposal Requirements (Check one)	Budgeting _____	Firm Bid _____	Purchase _____
Project Timing:	Submittal _____	PO Placement _____	Kick-Off _____
Target Installation Period:	Engineering _____	Equipment _____	Completion _____
Target Operational Date:			
Discharge To:			
Regulatory Agency:			