

# 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**:

<b>TELEPHONE</b> <b>1.713.647-6667</b>	<b>FAX</b> <b>1.713.647.0999</b>	<b>EMAIL</b> <b>quotes@headworksusa.com</b>
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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**

**Scope of Supply:** **Media/Grid/Sieve**     **Screen**     **Blowers**     **DAF**     **Controls**     **Tanks**

<b>Wastewater Characterization Profile/Design Parameters</b>						
Parameter	Minimum	Average	Daily Maximum	Monthly Maximum	Hourly Peak	Effluent Discharge Limitation
Flow(GDP or m <sup>3</sup> /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.)						

Physical Design/Space Considerations			
Designated Area		Tanks for Retrofit	
Space (L x W x H)		Dimensions	
Utilities		Capacity	
Electrical Supply		Covered	
Potable Water		Available Fittings	
Compressed Air		<b>Other Usable Equipment</b>	
<b>Current Surcharges</b>		Lift Stations	
BOD		Blowers	
TSS		Clarifiers /DAFs	
NH <sub>3</sub>		Sludge Handling Equipment	

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

<b>Additional Information:</b>			
Proposal Requirements (Check one)	Budgeting <input type="checkbox"/> Firm Bid <input type="checkbox"/>		
Project Timing:	Quote Due Date: _____ Bid Close Date: _____ Firm BID YES <input type="checkbox"/> NO <input type="checkbox"/>		
Target Installation Period:	Engineering _____	Equipment _____	Completion _____
Target Operational Date:			
Discharge To:			
Regulatory Agency:			