

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@headworksusa.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 _____

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

Wastewater Characterization Profile / Design Parameters						
Parameter	Minimum	Average	Daily Maximum	Monthly Maximum	Hourly Peak	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.)						

Physical Design / Space Considerations

Designated Area		Tanks for Retrofit	
Space (LxWxH)		Dimensions	
Utilities		Capacity	
Electrical Supply		Covered	
Potable Water		Available Fittings	
Compressed Air		Other Usable Equipment	
Current Surcharges		Lift Stations	
BOD		Blowers	
TSS		Clarifiers / DAFs	
NH ₃		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:			