

FLOTATION
Project/Contact/Lead Information Form

OR-TEC, INC. Maple Heights, OH
14500 Industrial Ave S. 216-475-5225

Date	
Representative Organization Name and Representative's name	
Contact Organization Name (City, Company etc)	
Contact Persons Name	
Contact Address	
Contact Phone and Fax	
Contact Email	
Project Engineer	

Type of Waste: Municipal ___ If Municipal: Inlet to plant ___
Domestic ___
Industrial ___ Sludge Thickening ___

If Industrial describe: _____

<u>Loadings</u>		<u>Reduction Requirements</u>	
BOD	_____	BOD	_____
TSS	_____	TSS	_____
O&G	_____	O&G	_____
Other	_____	Other	_____

Waste Stream
Has waste been tested with chemical? _____

Type, name, description of chemical _____

Flowrate of WWTP _____

Peak flow rate to flotation system _____

Max daily operating time period allowable _____

Is there equalization? _____

Power requirements Voltage _____ Phase _____

Waste Sample Being Sent? YES ___ NO ___
Sample should be collected by someone who is familiar with the operation of the plant. Sample should be taken from and be representative of the waste stream. A half gallon sample will typically be enough. Please ensure is it is correctly packaged before shipping.

Equipment Requirements
Skid Mount all equipment ___ Pre piped and wired ___ Ship parts of onsite piping/wiring by others ___
Indicate equipment requirements: Forward Feed Pump ___ Poly Dosing ___ Coagulant Dosing ___ Control Panel ___
Flowmeter ___
Tank material of construction: Stainless Steel___ Painted Carbon Steel___ Polypropylene___ Other_____

Additional Comments: _____