

Sludge Dewatering
Project/Contact/Lead Information Form

OR-TEC, INC. 14500 Industrial Ave South
Maple Heights, OH 44137 p 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 Sludge: Municipal ___ If Municipal/Domestic: Aerobic ___
 Domestic ___ Anaerobic ___
 Industrial ___ Digested ___
If Industrial: DAF ___
 Biological ___

Describe: _____

Solids

Flow rate to wastewater treatment plant _____

BOD of inlet to plant _____

Typical percent solids of sludge to be treated _____

Total liquid sludge to be treated weekly _____

Total dry solids production per year _____

Peak flow to press _____

Chemicals

Has sludge been tested with chemical? _____

Type, name, description of chemical _____

Dilution rate of chemical to water _____

Operation Parameters

Max daily operating time period allowable _____

Power requirements

Voltage _____ Phase _____

Sludge Sample Being Sent? YES ___ NO ___

Sludge samples should be collected by someone who is familiar with the operation of the plant. Samples should be taken from a part of the plant where sludge would be drawn prior to final disposal and be representative of the sludge produced by the plant. A half gallon sample will typically be enough. Please ensure it is correctly packaged before shipping.

Equipment Requirements

Skid Mount all equipment ___ Pre piped and wired ___ Ship parts for onsite piping/wiring by others ___
Indicate equipment requirements: Sludge Pump ___ Washwater pump ___ Poly Dosing ___ Control Panel ___
Conveyor ___ or Auger ___ or Dry cake pump ___ Sludge Flowmeter ___ Open Trailer ___ Enclosed Trailer ___

Additional Comments _____