

SCREEN Information Sheet
Project/Contact/Lead Information Form

OR-TEC, INC.
14500 Industrial Ave South

Maple Heights, OH 44146
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 ___ Describe: _____
 Industrial ___

Flow
Average Daily Flow _____ Flow Peak GPM _____

Peak TSS in mg/L _____ Peak FOG in mg/L _____

Flow to screen by: Gravity ___ Pumped ___

Material to be screened description and concentration (indicated if waste is from prison, camp, nursing home etc) _____

Physical Application

Screen to be mounted in: Channel _____
 Provide channel dims if channel already exists _____
 Max water level allowable in channel _____
 Tank _____
 Discharge height of screen required _____

Interest Rotary Brush Screen ___ Screw Screen In Channel ___
 Screw Screen In Tank ___ Micro Bar Screen ___ Other ___

Desired Screen Opening Size _____

Compaction and Washing of Screenings required Yes ___ No ___

Inlet connection flange size (if applicable) _____

Discharge connection flange size (if applicable) _____

Power requirements Voltage _____ Phase _____

Options

Indicate equipment required: Compactor ___ Screening Washer ___ Endless Bag Unit ___
 Control Panel ___ Level sensors ___ Ultrasonic Sensor ___
 Class 1, Div 1 Location ___ Heat Tracing ___

What is largest object the screen that will likely see? _____

Additional Comments/Information: _____