

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: Food Processing Industrial Describe: _____

Flow

Average Daily Flow _____ Flow Peak GPM _____

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

Flow to screen by: Gravity Pumped

Is there a grinder or grinder pumps upstream of screen? YES/NO Describe: _____

Other info on waste? _____

Does facility currently have a screen. YES/NO Describe: _____

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 Don't know

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? _____

What is the goal in adding a screen? _____

Provide videos & photos of waste. Provide drawings of existing channel, tanks, grinder etc if available