POLYMER DOSING
Project/Contact/Lead Information Form

OR-TEC, INC. Maple Heights,OH 44137
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 Sludge: Municipal __ Domestic __ Industrial __

If Municipal/Domestic: Aerobic __ Anaerobic __ Digested __

If Industrial: DAF __ Biological __

Describe: _____

Process: Sludge Dewatering __ Clarification/Settling __ Other __

Process Equipment: Belt Press __ Centrifuge __ DAF __ Drying Beds __

Solids
Flow rate to be treated _____

Solids Concentration of waste stream _____

Peak waste stream flows _____

Total dry solids production per day/week/month or year _____

Chemicals
Chemical to be used _____

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 _____

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
Indicate optional equipment requirements: Control Panel __ Incoming dilution water solenoid __
Flowmeter __ Automatic system w/day tank __ Skid Mount equipment __ Pre piped &wired __

Additional Comments _____