



Digester & Lagoon Cleaning Information Sheet

Contact Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Fax: () _____ Project Owner listed above? YES NO

Engineering Estimate? YES NO Owner Contact _____

Request for Quotation? YES NO _____

Historical

Last cleaning: _____ Year Built _____

Influent Source, % Municipal _____ Industrial _____ Other & Source _____

Previous structural/system failures _____

Previous Disposal Method _____

Previous Cleaning Contractor Contact _____

Process Information

Preliminary Treatment (including grit removal, bar screens, grinders, etc.) _____

Is this a trickling filter plant? YES NO If yes, are there snails present? _____

Is this structure out of service? YES NO If yes, please explain _____

Specifications, Digesters & Tanks

Structure type _____ Dimensions (L, W, D or diameter & side wall depth) _____

Cone Depth _____ Sludge Volume/Depth _____ Sludge Concentration, % _____

Lid type (fixed, floating, etc) _____ Lid construction (steel, cement, etc.) _____

Top Access: _____ Side Access: _____ Mixing Type (gas, hydraulic, etc.) _____

Does this structure have a flat bottom surface? YES NO If yes, is there a sump? YES NO

Is there a dedicated draw off? YES NO If yes, size & location: _____

Comments _____

Specifications, Lagoons & Ponds

Structure type _____ Dimensions (L, W, D) _____ Slope _____

Liner type _____ Sludge Volume/Depth _____ Sludge Concentration, % _____

Aeration Type: _____ Size & Location _____

Dike Entrance/Exits (size, number) _____ Dike Width: _____ Dike Condition: _____

Is there a dedicated draw off? YES NO
 If yes, size & location: _____

Comments _____

Disposal Information

Disposal Method: _____ Land Application, distance from plant _____

Drying Beds, size/location _____ Landfill Contact _____

Current Grit/Screenings Disposal _____

Current Transport Contact _____

Current Disposal Site Contact _____

Sludge Handling Options

Mechanical Dewatering of solids material	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, disposal method: _____
Screening of solids material	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, disposal method: _____
Other handling requirements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please Explain _____
Sludge Management Plan Available	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Project Requirements

Power Available	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Phase, voltage & amps _____
Water Available	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Volume, pressure, source _____

Comments _____

Please return this form via email to vprince@wastewatermanagement.com or via fax at (541) 547-3213. For additional information, please contact (541) 547-3213