

MICROCAT® Wastewater Treatment Consultation Form

By faxing us the following data, we will be able to develop a cost-effective treatment program specific to your problem. We will respond quickly and send a program to you for your review and approval. The more information you can provide us, the better we can tailor a solution to fit your needs.

Please provide a description of the problem:

(ex. FOG accumulations causing blockages within the piping of the treatment system. Note any special problems with oil, hydrocarbons, suspended solids, dissolved solids, grease and any other organics/inorganics.)

Please provide a description of system and operating conditions:

(ex. Aerated Equalization Tank Volume: 184,000 gallons (700 m3)
 Biological Reactor Volume: 184,000 gallons (700 m3)
 Secondary Clarifier)

What is your Aerobic Tank Volume? _____ (gallons/cubic meters)

Sludge Age in days? _____

Please provide as much data as is available.

	Influent Levels		Effluent Levels		Permit
	Avg	Range	Avg	Range	
Flow (gallons/cubic meters per day)					
Temp (C)					
pH					
Dissolved Oxygen (mg/L)					

These parameters are helpful, but not required:

Please enter as applicable

Biochemical Oxygen Demand (mg/L)					
Chemical Oxygen Demand (mg/L)					
Ammonia Nitrogen (mg/L)					

Othophosphate (mg/L)					
Suspended Solids (mg/L)					
Dissolved Solids (mg/L)					
Mixed Liquor Suspended Solids (mg/L)					
Soluble Biological Oxygen Demand (mg/L)					
Total Organic Carbon (mg/L)					
Total Kjeldahl Nitrogen (mg/L)					
Nitrate Nitrogen (mg/L)					
Oil/Grease (mg/L)					
Total Hydrocarbons (mg/L)					
F/M Ratio					

Name: _____ *

Company: _____ *

Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Country: _____

Phone: _____ *

Fax: _____

Email: _____

* information requested at minimum

Are you a distributor? Yes No

Contact me via:
 Phone E-mail Mail Fax

Please fax this form to Bioscience, Inc. - 610-691-2170. Thank you.