

HOSPITAL QUESTIONNAIRE

Waste water treatment plan

Client Name:				
Client address:				
	Tel:	Fax:	E-mail:	
				G
Person to contact:				
ML Representative:				
Designed for (M ³ /day)		Actual loading: (I	M ³ /day)	• ()
		· · · · · ·		

AVERA	AGE	EFFL	JENT		
PARAMETERS	INFLUENT	Actual	Target	MIN.	MAX.
Influent M ³ /day					
PH					\mathbf{D}'
Temperature				6	
BOD5					
COD					
TSS				XO	
TDS			~		
FOG					
TOTAL N					
TOTAL P					
MBAS		A			
NH ³					
NO3		•			
SVI					
DO		A			
OTHERS					
OTHERS					

PARTS OF THE SYSTEM	YES	NO	NUMBER	TOTAL M ³ VOLUME
Holding tanks	Y			
Primary settling tanks				
Grease traps				
Digesters				
Aeration tanks				
Clarifiers				
Other tanks				
Other tanks				



YES

NO

HOSPITAL QUESTIONNAIRE

Client Name:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. Do you have a peak loading? Tourism, Seasons etc. etc.
- 2. Do you operate all parts continuously?
- 3. Can you give a sketch of your system?
- 4. Can you give a copy of last water analysis report?
- Biological Environmental



HOSPITAL QUESTIONNAIRE

Grease Trap/Septic tank

Client Hotel name :		Date:
Address:	Tel:	5
	Fax:	
	E-mail:	• 0 ′
	Remark	KY

Contact person & position:

Biologi

No:	Kitchen	Grease trap	Septic tank
Grease trap Type (A,B,C,)			
Length			
Width		K O	
Depth			
Number			
Number of Pump out			
Daily/Weekly/Monthly			
Number of Manholes in			
kitchens & restaurants			
Number of Dishwasher	•		
Diameter of drainage pipes			
Clear definition of the problem	an		

Which disinfectant and how much, cleaning material currently has being used?