



Questionnaire for external area treatment

Customer Name	_____
Contact	_____
Phone	_____
Fax	_____
E-mail	_____
Person in charge of the project	_____

Technical facts	
Site	
Typical bad smells / Process nature	_____
Waste type (<i>waste water, compost, garbage...</i>)	_____
Site description (<i>garbage dump, WWTP, composting area, sludge storage area...</i>)	_____
Operation way	_____

Site size	Length (m): _____
	Width (m): _____
	Height (m): _____
	for the tanks; diameter (m): _____
Provisions	Amount (tonne/m ³): _____
	Frequency (per day/week): _____
Air analysis	Odors units (OU/m ³): _____
	H ₂ S concentration (ppm): _____
	NH ₃ concentration (ppm): _____
	Mercaptans concentration (ppm): _____
	Other (ppm): _____
Air analysis report	To enclose
Site plan / scheme / pictures	To enclose



Technical facts

Additional information

Garbage dump

Biogas harnessing: Yes No

Composting area

Yearly capacity (tonne): _____

Tossing frequency: _____

Tossing way: _____

Swath size (cm): _____

Swath amount: _____

Fermentation time (day): _____

WWTP

Process type (settling tank...): _____

Waste water flow (m³/h): _____

Inhabitants equivalent: _____

Scraper bridge: Yes No

If yes; bridge size (m): _____

bridge operating speed (m/s): _____

Installation possibility

Yes No

If yes; where (wall; wire netting...): _____

How far away (m): _____

Other

Distance to the nearest neighbors (m)

Wind direction

Bad smells emission

Static Dynamic

If dynamic; maximal value (UO/m³): _____

Constant Sequential

If sequential; interval between 2 sequences: _____

Yes No

If yes; short treatment system description: _____

Actual bad smells treatment system on place

Comments