



Questionnaire for sewer pipe and lift station treatment

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

Technical facts	
Sewer pipe network	
Sewage origin (nature)	_____
Manholes number	_____
Manholes type	Airtight: <input type="checkbox"/> Yes <input type="checkbox"/> No
	With holes in the lid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Manhole size	Width (m): _____
	Height (m): _____
Sewer pipe size	Diameter (cm): _____
	Length (m): _____
Sewers number	_____
Sewers size	Width (m): _____
	Height (m): _____
Bad smells analysis	Odors units (OU/m ³): _____
	H ₂ S concentration (ppm): _____
	NH ₃ concentration (ppm): _____
	Mercaptans concentration (ppm): _____
	Other (ppm): _____
Sewage flow	m ³ /day: _____
	m ³ /year: _____
Sewage middle level	_____
Bad smells analysis report	To enclose
Sewer pipe network plan / scheme / pictures	To enclose



Technical facts

Lift stations

Lift stations number _____

Lift station type

Internal

External

If internal; see the « Building » questionnaire

If external; well size:

Length (m): _____

Width (m): _____

Height (m): _____

Bad smells analysis

Odors units (OU/m³): _____

H₂S concentration (ppm): _____

NH₃ concentration (ppm): _____

Mercaptans concentration (ppm): _____

Other (ppm): _____

Technical premises

Yes

No

If yes; at which distance (m): _____

Bad smells analysis report

Lift stations plan / scheme / pictures

To enclose

To enclose (with windows, doors, boundary walls...)

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