HIGH RATE STUDY DATA SUBMITTAL FORM

GENERAL INFORMATION

Name of Facility:_____________________________ WSID No:_________________

County:______________________________________

Permitted Flow Rate:___________ MGD Proposed Flow Rate:_____________MGD

Permitted Filter Rate:___________ gpm/ft² Proposed Filter Rate:_________ gpm/ft²

Raw Water Turbidity: Year Max. __________NTU Year Avg. __________NTU
Year Min.________NTU

Certification Level:_______________________ Certification Level:_______________________
Certification Level:_______________________ Certification Level:_______________________
Certification Level:_______________________ Certification Level:_______________________

PLANT INFORMATION

Instrumentation

Raw Water Turbidimeter: Online____Grab___ Streaming Current Monitor: Yes____ No____

Particle Counter(s): Yes____ No____ Influent sensor(s) location:__________________________
Effluent sensor(s) location:__________________________

Chemical Addition

Pre-Chemicals (Cl₂, alum, polymer, etc.):_________________________________________________________________

Taste and Odor Control:_________________________________________________________________

Iron and Manganese Removal:_________________________________________________________________

Flocculation

Number of Flocculators:________________________

Type of Flocculators (baffles, mechanical, plates, etc.):________________________

Mechanical Flocculator Stages: ______ (If applicable); Functional:________ Yes/No

Theoretical Detention Time:__________ Minutes (at current capacity)

Theoretical Detention Time:__________ Minutes (at proposed capacity)

Sedimentation Basins

Number of Basins:________________________

Baffles in Sedimentation basin(s): Yes____ No____ Plate or Tube Settlers:Yes____ No____
Weir Overflow Rate: ___________________ gpd/foot of weir length (at current capacity).
Weir Overflow Rate: ___________________ gpd/foot of weir length (at proposed capacity)

Theoretical Basin Detention Time: _____________ Minutes (at current capacity)
Theoretical Basin Detention Time: _____________ Minutes (at proposed capacity)

Filters: ___________________  Number of Filters: ________________

Filter Media Configuration:
Type: Single: _______________  Dual: _______________  Multi / Mixed: _______________
Other: __________________________________________________________

Size and Depth of Media: Layer# 1 (Top): _______________________________
                        Layer #2 (Middle or Bottom): ____________________________
                        Layer #3 (Bottom- if applicable): ____________________________
                        Support Layer: ____________________________

Date Verified: ____________________  Backwash Flow Rate: ________________ gpm/ ft²

Filter Sweeps: Yes_____ No______ type: _________  Air Scour: Yes_____ No_____

Finished Water Turbidimeter(s): Online_____ Grab_____  Sensor(s) location: _______________

BACKWASH/SLUDGE HANDLING

Describe Sludge Handling/Removal Facilities: __________________________________________
________________________________________________________________________________

LABORATORY EQUIPMENT

List all daily (raw, treated, finished) water parameter's tested: __________________________

Jar Test Equipment: Yes_____ No_____

Microbiological Test Equipment: Yes____ No____  Certified: Yes____ No____

Note: Attach additional pages if necessary.