



**Permit-to-Install/Plan Approval Application**

Attachment II: Preliminary Treatment

**SCREENING AND GRINDING**

<b>1. Mechanical Bar Screen:</b> <input type="checkbox"/> N/A	New	Existing
a. Number of screens		
b. Type		
c. Size (feet)		
d. Bar size (inches)		
e. Clear spacing between bars (inches)		
f. Drive unit (volts, phase, & HP)		

<b>2. Manual Bar Screen:</b> <input type="checkbox"/> N/A	New	Existing
a. Number of screens		
b. Size (feet)		
c. Bar size (inches)		
d. Clear spacing between bars (inches)		
e. Bar slope (degrees from vertical plane)		

<b>3. Other Screening</b> <input type="checkbox"/> N/A	New	Existing
a. Number of screens		
b. Type		
c. Capacity (MGD)		
d. Size (inches)		

<b>4. Comminutor:</b> <input type="checkbox"/> N/A	New	Existing
a. Number of comminutors		
b. Manufacture/Model Number		
c. Size (feet)		

<b>5. Others:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

**GRIT REMOVAL**

<b>6. Grit Tank:</b> <input type="checkbox"/> N/A	New	Existing
a. Number of tanks		
b. Surface area dimensions (feet, each)		
c. Side water depth (feet, each)		
d. Flow velocity (feet per second)		

<b>7. Grit Tank Aeration:</b> <input type="checkbox"/> N/A	New	Existing
a. Number of blowers		
b. Type (diffused air, mechanical surface aerator, etc)		
c. Capacity (CFM)	at                  psi	at                  psi

<b>8. Grit Pumps:</b> <input type="checkbox"/> N/A	New	Existing
a. Number of pumps		
b. Type		
c. Capacity (gpm, each)		
d. TDH (feet)		
e. Speed (RPM)		
f. Motor HP		

<b>9. Mechanical Grit Removal:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

<b>10. Grit Dewatering:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

<b>11. Grit Disposal:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
Describe:		

**Flow Equalization**

12. Flow Equalization <input type="checkbox"/> N/A	New	Existing
a. Number of tanks		
b. Surface area dimensions (feet, each)		
c. Side water depth (feet, each)		
d. Capacity (gallons, each)		
e. Aeration and/or Mixing:		
i. Number of blowers		
ii. Type (diffused air, mechanical surface, etc.)		
iii. Capacity (CFM, each)		
f. Does a bypass or an overflow exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>Yes</b> , is treatment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Other Preliminary Treatment <input type="checkbox"/> N/A	<input type="checkbox"/> New	<input type="checkbox"/> Existing
a. Describe:		
b. Design Criteria:		