



Permit-to-Install/Plan Approval Application

Attachment III: Biological Treatment

Note: A separate copy of this form should be used to describe each type of biological treatment proposed.

1. Biological Treatment - General Information		New	Existing
a. Biological Treatment Type	<input type="checkbox"/> Secondary <input type="checkbox"/> Advanced		
b. Flow Type	<input type="checkbox"/> Continuous <input type="checkbox"/> Batch <input type="checkbox"/> Complete Mix <input type="checkbox"/> Plug		
c. Process type			
d. Number of tanks			
e. Surface area dimensions (feet, each)			
f. Side water depth or height (feet, each)			
g. Detention time (hrs & mins @ ADDF)			
h. Others:			

2. Aeration and/or Mixing: <input type="checkbox"/> N/A	New	Existing
a. Number of blowers		
b. Type (diffused air, mechanical surface, etc.)		
c. Capacity (each)	_____ CFM @ _____ PSI	_____ CFM @ _____ PSI
d. Oxygen supplied (lb oxygen/lb BOD ₅) (lb oxygen/lb TKN)		
e. MLSS (design)		
f. F/M ratio		
g. Organic loading (lb BOD ₅ /1000 cu ft)		
h. RAS flow (% at ADDF)		
i. WAS flow (% at ADDF)		
j. Others:		

3. Trickling Filters <input type="checkbox"/> N/A	New	Existing
a. Media type		
b. Media nominal size (in ³)	_____ in x _____ in x _____ in	_____ in x _____ in x _____ in
c. Media volume (ft ³)		
d. Media surface area (ft ² /ft ³)		
e. Distributor type (rotary, fixed, etc.)		
f. Recirculation rate (MGD @ ADDF)		
g. Others:		

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