

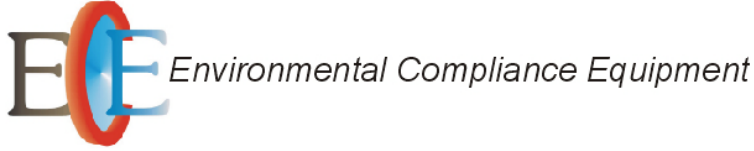


## SITE EVALUATION FORM

Fill this form out to the best of your ability and return it to ECE via email or fax.

Environmental Compliance Equipment  
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# SITE EVALUATION FORM



(Make a copy, keep original)

Date: \_\_\_\_\_

Client: \_\_\_\_\_ Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Waste Stream of Concern: \_\_\_\_\_

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## Present Method of Disposal

- Waste Hauler       Storm Drain       Septic  
 Sewer (POTW) (Attach copy of discharge specs)  
 Other (describe) \_\_\_\_\_

## Present Costs associated with disposing wastewater:

Cost per gallon hauled	_____	Sewer rate /1000	_____
Pick-up fee	_____	Surcharge /1000	_____
Liability insurance	_____	Annual permit fees	_____
Sample analysis fees	_____	Required monitoring	_____

Does site have a NPDES permit?  Yes    No   Permit # \_\_\_\_\_ (Attach copy)

Has site been fined or put on Notice by E.P.A., POTW, or Local regulatory agency?

Yes    No

If yes, why? \_\_\_\_\_

Any previous Lab Reports?  Yes    No   (If Yes, attach copy(s) of reports)

## Desired Use of Treated Water

- Discharge (Attach Discharge Specifications)  
 Recycled (Wash / Rinse / Other (list below))

## WASTE STREAM CHARACTERIZATION

Waste Volume: (Answer all rates in applicable column to determine maximum and averages)

	Discharge	Wash	Rinse
Flow, GPM	_____	_____	_____
Daily Avg.	_____	_____	_____
Weekly Avg.	_____	_____	_____
Monthly Avg.	_____	_____	_____

### Free Oils and Solids

Characterize the solids load:    Heavy    Moderate    Light  
 Characterize the oil load:    Heavy    Moderate    Light

List anticipated amounts of solids and oils expected to be added daily to the system:

Solids per day: \_\_\_\_\_ lbs   cu.ft   yds. (circle one)  
 Oils per day: \_\_\_\_\_ :oz   qts   gallons (circle one)

Chemicals and other contaminants which could be in the waste stream.  
 Show anticipated amounts by percentage or mg/l or ppm. Attach applicable MSDS Sheets.

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> Oil and Grease    | _____ | <input type="checkbox"/> Herbicides      | _____ |
| <input type="checkbox"/> Animal Fats       | _____ | <input type="checkbox"/> Bacterial/Algae | _____ |
| <input type="checkbox"/> Gasoline          | _____ | <input type="checkbox"/> Phosphates      | _____ |
| <input type="checkbox"/> Diesel Fuel       | _____ | <input type="checkbox"/> Sulphates       | _____ |
| <input type="checkbox"/> Water Soluble Oil | _____ | <input type="checkbox"/> Detergents      | _____ |
| <input type="checkbox"/> Synthetic Oil     | _____ | <input type="checkbox"/> Degreaser       | _____ |
| <input type="checkbox"/> Silicones         | _____ | <input type="checkbox"/> Acids           | _____ |
| <input type="checkbox"/> Latex             | _____ | <input type="checkbox"/> Heavy Metals    | _____ |
| <input type="checkbox"/> Solvents          | _____ | <input type="checkbox"/> Caustics        | _____ |
| <input type="checkbox"/> Pesticides        | _____ | <input type="checkbox"/> Other (list)    | _____ |

If detergents are being used presently, are they oil emulsifying?    Yes    No  
 If Yes, amount used per month? \_\_\_\_\_

Can the cleaning practice be changed to limit recycle residues prior to washing?    Yes    No  
 If yes, how? \_\_\_\_\_

Is rainwater prevented from mixing with waste stream?    Yes    No   If No, what are the regulations pertaining to excess rainwater deposited into the system? \_\_\_\_\_

Attach regulations concerning storm water runoff for the site.

# SITE SPECIFICS

## Location

Indoors     Outdoors    Freeze protection of needed?    Yes    No

Elevation \_\_\_\_\_ ft above sea level

Other Special considerations: \_\_\_\_\_

## Utilities

Electrical (Have your electrician provide the following information)

Available Voltages:

<input type="checkbox"/> 460-480                      and/or	<input type="checkbox"/> 208-220 - 3 ph.                      and/or	<input type="checkbox"/> 110-120 - 1 ph
Delta or Wye	Delta or Wye	Max. Amps _____
List phase voltages above GND	List phase voltages above GND	
A _____ B _____ C _____	A _____ B _____ C _____	
Max. Amps _____	Max. Amps _____	

Desired Voltage and Phase for equipment: \_\_\_\_\_

<u>Fuel</u>	<input type="checkbox"/> Natural Gas	Cost per Therm _____
	<input type="checkbox"/> LPG	Cost per Gallon _____
	<input type="checkbox"/> Fuel oil	Cost per Gallon _____

Water Is water available?    Yes    No

## Existing Equipment

Pressure Washer/Steam Cleaners (to determine re-pressurization pump sizing and approximate evaporation rates from system)

	A	B	C
Gpm	_____	_____	_____
Psi	_____	_____	_____
Btu/hr	_____	_____	_____

Sump Capacity/Collection Pit Size/Storage Tank Capacity: \_\_\_\_\_

## Clients Recommendation

Unit(s): \_\_\_\_\_

Option(s) \_\_\_\_\_

## **BASIC SITE LAYOUT**

Include and Label the following:

- |  |                      |  |
|--|----------------------|--|
| A: Wash pad  | F: Sumps             | J: Storage Tanks (above/below ground?) |
| B: Pressure Washers/Cleaners   | G: Sewer             | K: Walls N: Covered Areas              |
| C: Equipment Pad   | H: Electrical panels | L: Hose Bibbs                          |
| D: Solids Collection Trench  | I: Water supply      | M: Access Doors                        |
| E: Existing Underground Utilities and<br>Underground Storage Tanks (UST's) |                      | N: Covered Areas                       |
|  |                      | O: Exposed Areas                       |
|  |                      | P: Gas Line                            |
|  |                      | Q: Building Height                     |

**Dimensions are Important!!**

