

**OBERLIN FILTER COMPANY
WASTE TREATMENT TEST FORM**

Please Print Clearly. No PO Box Addresses Please

Company Name: _____ Date: _____
Address: _____
City/State: _____
Contact Person: _____
Telephone: _____ Fax: _____
Mfg Rep: _____ Company: _____
Oberlin Filter Project Engineer: _____
Form Filled In By: _____

OBJECTIVE

Present Method Of Separation: _____
Project Objective: _____

FEED CHARACTERISTICS

Name Of Feed Material: _____
Chemical Composition Of Liquid: _____
Chemical Composition Of Solids: _____
Visual Description: _____
Total Suspended Solids: _____%(PPM) Operating Temperature: _____
Oil and Grease: _____%(PPM) Density/SG: _____
Comments: _____

LIQUID PHASE

What Happens To Filtrate Or Effluent After Separation? _____
Desired Characteristics Of Liquid Phase If Known:
Maximum Allowable Filtrate Solids: _____ PPM Conductivity: _____
FOG: _____ Turbidity: _____ NTU pH: _____
Comments: _____

SOLID PHASE

What Happens To Cake Or Solids After Separation? _____

Desired Characteristics Of Solid Phase If Known: _____

Minimum Allowable Cake Solids By Weight: _____ % Cake Density: _____

Cake pH: _____ Cake Wash: _____

Comments: _____

PROCESS INFORMATION

Feed Is () Continuous At _____ gpm Or () Batch Volume: _____ Process Time: _____

Is Filter Aid Allowed?: (Y) or (N) Preference?: _____

Is Chemical Conditioning Allowed?: (Y) or (N) Preference?: _____

Present Pretreatment Scheme?: _____

ANY KNOWN HAZARDS? Please Comment: _____

Please Include All Applicable MSD Sheets.

COMMENTS: _____

Please submit test samples prepaid to our lab. All test samples/materials will be returned to the sender prepaid.