

Wastewater Treatment Plant (WWTP) Request for Quote Checklist

This file contains the checklist of the minimum requirements to **accurately** design and assess a wastewater treatment plant. The collected information will be solely used for its intended purposes. Rest assured that the data you will provide will be restricted to Anthroserv Inc. and will not be shared with any outside parties, in accordance with the Data Privacy Act.

IMPORTANT: Anthroserv Inc. commits to give the best project cost available to our partners. While we understand that there are much data needed, incomplete information usually increases project cost due to assumptions. Feel free to contact us via *anthro.design@anthroserv.com* or 09209482232 for any clarifications or assistance on getting the required information.

Client Name:	Date:
Position:	Cell Number:
Business Name:	E-mail address:
Business Classification: <input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Project Location:

PROJECT TYPE *(Select all that apply)*

Wastewater Management Strategy	Project Scope	Business Facility Status
<input type="checkbox"/> Wastewater Treatment Plant <input type="checkbox"/> Conveyance System (Pipelaying) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Detailed Engineering Design <input type="checkbox"/> Electromechanical Installation <input type="checkbox"/> Construction <input type="checkbox"/> Operations Consultancy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Operational <input type="checkbox"/> For Construction <input type="checkbox"/> For Rehabilitation/Upgrading <input type="checkbox"/> Other: _____

GENERAL INFORMATION

Parameter	Information
1. Facility Operations Schedule	Number of Hours: _____ Number of Days: _____ Peak hours: _____
2. Available area for WWTP	Dimension: _____m x _____m or Area: _____m ² Roofing: <input type="checkbox"/> Area has roof <input type="checkbox"/> Area has no roof
3. Septic Tanks	Number of Septic Tanks: _____ Total estimated length of septic tank(s) to WWTP: _____m
4. Electrical Supply	<input type="checkbox"/> 220V <input type="checkbox"/> 440V <input type="checkbox"/> Other: _____ <input type="checkbox"/> Single-Phase <input type="checkbox"/> Three-Phase Estimated length of electrical supply to WWTP: _____m
5. WWTP Location Pavement Material	<input type="checkbox"/> Soil <input type="checkbox"/> Sand <input type="checkbox"/> Cement <input type="checkbox"/> Stone Aggregates
6. Wastewater Discharge Location	<input type="checkbox"/> Drainage <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Estimated length of WWTP to discharge point: _____m
7. Reason for Rehab/Upgrade	<input type="checkbox"/> Capacity Increase <input type="checkbox"/> Non-compliance <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other: _____
8. Existing WWTP technology <i>(if for rehab/upgrade)</i>	<input type="checkbox"/> Conventional Activated Sludge (CAS) <input type="checkbox"/> Sequencing Batch Reactor (SBR) <input type="checkbox"/> Moving Bed Bioreactor (MBBR) <input type="checkbox"/> Membrane Bioreactor (MBR) <input type="checkbox"/> Advanced Oxidation Process (AOP) <input type="checkbox"/> Other: _____

WM REQUEST FOR QUOTE CHECKLIST

Wastewater Management: Plan, Design, Construct, Install, Operate



WASTEWATER FLOW: Known: _____ m³/day Unknown, fill-up the next table if checked.

Water Bill		Other Information
Month	Water Consumption (m ³)	<p>Deep-well use: <input type="checkbox"/> No <input type="checkbox"/> Yes, percentage of water use from deep-well: _____ %</p> <p>Destination of Water Use: <i>(Select all that apply)</i></p> <input type="checkbox"/> Domestic, number of occupants in establishment per day: _____ <input type="checkbox"/> Manufacturing (e.g. used in products), please describe: _____ _____ <input type="checkbox"/> Recreational (e.g swimming pools) , please describe: _____ _____ <input type="checkbox"/> Others, please describe: _____ _____
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

WASTEWATER QUALITY

<input checked="" type="checkbox"/> Known, fill-up the table below			<input type="checkbox"/> Unknown, fill-up the table below	
Parameter	Unit	Value	Type of Industry <i>(Select all that apply)</i>	
BOD	mg/L		<input type="checkbox"/> Agriculture	<input type="checkbox"/> Accommodation
COD	mg/L		<input type="checkbox"/> Mining	<input type="checkbox"/> Food Services
TSS	mg/L		<input type="checkbox"/> Manufacturing of _____	<input type="checkbox"/> Laboratory
Oil and Grease	mg/L		<input type="checkbox"/> Utility	<input type="checkbox"/> Hospital
pH			<input type="checkbox"/> Trade (e.g. retail, mall)	<input type="checkbox"/> Office
TKN	mg/L		<input type="checkbox"/> Storage	<input type="checkbox"/> Others
Ammonia-N	mg/L		Please provide further details: _____ _____	
Nitrate-N	mg/L			
Phosphates-P	mg/L			
Fecal Coliform	MPN/100mL			

ATTACHMENTS

Documents		Available	Not Available
1. Site As-built drawings	Site Development	<input type="checkbox"/>	<input type="checkbox"/>
	Sanitary/ Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical	<input type="checkbox"/>	<input type="checkbox"/>
	Process flow Diagram (for Manufacturing Industry)	<input type="checkbox"/>	<input type="checkbox"/>
2. Water bill		<input type="checkbox"/> Number of months: _____	<input type="checkbox"/>
3. Wastewater Analysis <i>(Influent/Pure wastewater)</i>		<input type="checkbox"/> Number of months: _____	<input type="checkbox"/>
4. Site Photos <i>(please indicate label)</i>		<input type="checkbox"/>	<input type="checkbox"/>
5. For WWTP Rehab	Wastewater Analysis <i>(Effluent/Clean water)</i>	<input type="checkbox"/> Number of months: _____	<input type="checkbox"/>
	WWTP Tank Layout	<input type="checkbox"/>	<input type="checkbox"/>
	WWTP Civil/Structural As-built	<input type="checkbox"/>	<input type="checkbox"/>
	WWTP Mechanical As-built	<input type="checkbox"/>	<input type="checkbox"/>
	Equipment List Specifications <i>(indicate status)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Others: _____			

EXPECTATIONS CHECK

This section is optional. Answering the questions below will allow us to personalize the proposal depending on your preference. Check one answer per question.

Expectations	Preference
1. Provision of spare equipment	<input type="checkbox"/> Yes <input type="checkbox"/> Not necessary
2. Provision of measuring equipment <i>(not necessarily needed for compliance purposes)</i>	<input type="checkbox"/> Dissolved Oxygen Meter <input type="checkbox"/> Residual Chlorine Meter <input type="checkbox"/> pH meter <input type="checkbox"/> Flowmeter <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
3. Provision of automation	<input type="checkbox"/> Yes <input type="checkbox"/> Not necessary
4. Provision of auxiliary rooms	<input type="checkbox"/> Operator Room <input type="checkbox"/> Equipment Storage Room <input type="checkbox"/> Not necessary
5. High quality brand equipment	<input type="checkbox"/> Yes <input type="checkbox"/> Not necessary
6. Expected months of total project duration	<input type="checkbox"/> Yes, _____ months <input type="checkbox"/> None expected
7. Inclusion of other services	<input type="checkbox"/> Discharge permit <input type="checkbox"/> ECC <input type="checkbox"/> EIA/EIS <input type="checkbox"/> Other: _____

OTHER TERMS

Expected proposal deadline date and time: _____

Willing to attend virtual meeting to discuss the checklist **prior to quotation proper**?

- Yes, specify date and time of availability: _____ Not necessary

In case that information provided are largely incomplete, are you willing to **allot time and/or resources** to gather data (e.g. conduct wastewater lab analysis, site inspection)?

- Yes Not necessary

Willing to attend virtual meeting to discuss the checklist **after submission of proposal**?

- Yes Not necessary

How did you find out about Anthroserv Inc.?

- Facebook
 Google
 Friends
 Partner Businesses, please specify: _____
 Other, please specify: _____

Other information you would want us to know:

I certify that the information provided is true and accurate.

 Client Signature over Printed Name