

IWEA Calendar Spotlight Questionnaire

Company/Utility/Project Name: _____

Address: _____

Counties/Towns Serviced: _____

Number of Employees: _____

Customer Base: _____

Treatment Plant Class: **I** **II** **III** **IV** or **A** **B** **C** **D**

Treatment Capacity: _____ MGD (Daily) _____ MGD (Peak)

Recent Expansions (if applicable): _____

If so what was added/expanded: _____

Treatment Process Description (ex. Pretreatment, Primary, Secondary, Clarification, Disinfection, Sludge Removal, etc.)

Interesting Facts and Process, Plant or Collection System:

Number of Liftstations: _____

Number of Feet in Collection System: _____

Sanitary or Combined

PLEASE PROVIDE 5 – 10 HIGH RESOLUTION PHOTOS OF YOUR FACILITY OR PROCESS