

## Lab Testing Data Form

<b>Contact Name*:</b>		<b>Date*:</b>
<b>Company*:</b>	<b>Project Name*:</b>	
<b>Shipping Address*:</b>		
<b>City*:</b>	<b>State or Country*:</b>	<b>Postal Code*:</b>
<b>Telephone No*:</b>	<b>Fax Number*:</b>	
<b>E-Mail Address:</b>		

**Lab Testing For\* (Select All That Apply):**     Filter Press     J-Vap

**Application Information (Attach Process Flow Diagram and/or Description of Treatment System)**

<b>Description/Sample ID*</b>			
<b>Process Generating the Slurry*</b>			
<b>Treatment Processes Employed: (check all that apply)</b>	<input type="checkbox"/> None, <input type="checkbox"/> Chemical, Describe: _____ <input type="checkbox"/> Biological: _____ <input type="checkbox"/> Flocculation, <input type="checkbox"/> Coagulation <input type="checkbox"/> Neutralization with: _____, Other: _____ <input type="checkbox"/> Clarification, <input type="checkbox"/> Dissolved Air Flotation, <input type="checkbox"/> Thickening, <input type="checkbox"/> Microfiltration, <input type="checkbox"/> Ultrafiltration		
<b>Present Dewatering Method*</b>	<input type="checkbox"/> None <input type="checkbox"/> Filter Press <input type="checkbox"/> Centrifuge <input type="checkbox"/> BFP <input type="checkbox"/> Other: _____		
<b>Slurry Generation*</b>	<input type="checkbox"/> 7 days/wk, <input type="checkbox"/> 5 days/wk, <input type="checkbox"/> Other: _____		
<b>Proposed Equipment Operation*</b>	<input type="checkbox"/> 7 days/wk, <input type="checkbox"/> 5 days/wk, <input type="checkbox"/> Other: _____    Hours/day: _____		
<b>Slurry Volume/Day*</b>		<b>Other Comments:</b>	
<b>Dry Solids/Day*</b>			

**Slurry Characteristics (Include analysis of the slurry composition)**      (Filtrate is:  Product    Waste    to be reused/recycled)\*

<b>Composition of Solids*</b>						
<b>Composition of Liquid*</b>				<b>Cake Characteristics (Objectives)</b>		<b>(Cake is: <input type="checkbox"/> Product   <input type="checkbox"/> Waste)*</b>
<b>TSS* (wt %)</b>	<b>pH* (s.u.)</b>			<b>Desired Solids Conc.* (wt %)</b>		
<b>TS (wt %)</b>	<b>Temperature</b>			<b>Desired Moisture (wt %)</b>		
<b>Volatile Solids(% of TS)</b>	<b>Chlorides (ppm)</b>			<b>Wet Cake Density*</b>		
<b>Specific Gravity* (g/ml)</b>	<b>Oil &amp; Grease (%)</b>			<b>Cake Thickness</b>		
<b>Other:</b>				<b>Other:</b>		
<b>Other:</b>				<b>Other:</b>		

**Test Conditions**     Recessed Chamber,    Membrane Squeeze

Can the filter cloths be precoated?	<input type="checkbox"/> No, <input type="checkbox"/> Yes	Filtration Pressure: <input type="checkbox"/> 100psig/7 barg, <input type="checkbox"/> 225psig/16barg <input type="checkbox"/> Other: _____	
Are there any limitations to what can be used to condition the slurry?*	<input type="checkbox"/> N/A, <input type="checkbox"/> No, <input type="checkbox"/> Yes, Describe: _____		
Can the slurry be heated?*	<input type="checkbox"/> No, <input type="checkbox"/> Yes, To: _____		
Is cake washing required?*	<input type="checkbox"/> No, <input type="checkbox"/> Yes, Objective: _____	Wash Liquid: _____ Temperature: _____	
Are there any equipment materials of construction issues?*	<input type="checkbox"/> No, <input type="checkbox"/> Yes, Describe: _____		
<b>Special Conditions/Limitations:</b>			

**The following information is required if the sample submitted is classified as a HAZARDOUS WASTE (Only for samples submitted from within the USA).**

**Generator's EPA ID #:** \_\_\_\_\_

**Authorization is hereby given to Evoqua Water Technologies to perform testing on the sample(s) described herein.**

**Name:** \_\_\_\_\_      **Title:** \_\_\_\_\_      **Date:** \_\_\_\_\_

<b>Shipping Instructions</b>	<p><b>Send sample(s) FREIGHT PREPAID to: Evoqua Water Technologies LLC., 2155 112<sup>th</sup> Ave, Holland, MI 49424 USA</b></p> <p>Submit 4 gallons of a representative sample for Filter Press testing.</p> <p>Submit 1 quart, 1 liter or 1 pound of a representative cake sample for dryer testing.</p> <p>Submittal of biological or other samples that rapidly degrade <u>require scheduling</u> with the Lab.</p> <p>Contact the Laboratory at 800 245-3006 with any questions.</p>
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Please provide a Data Form for each sample submitted and if necessary, provide additional information/comments on a separate sheet.



**evoqua**

WATER TECHNOLOGIES

**Company:**

**Date:**

**Additional Information**