Bel Air Environmental

Wastewater Treatability Form

Bel Air will perform treatability tests on samples of wastewater as provided by you to our laboratories. Please follow the directions for sampling as enclosed in the sample kit. We will provide recommendations regarding the management of your wastewater based on information from this form and from our laboratory testing of the sample.

Company:_____
Contact: _____ph:_____fax_____ email_____
Address:_____
Description of wastewater:_____
_____
Process generating wastewater: _____
Date sample taken: _____time sample taken_____ date sent: _____
Characteristics: pH:_____ Temp: _____ hazards: _____
Chelates/complexes: _____other: _____
Gallons per day: _____ Volume per hour: _____ Recycle? _____
Other comments: _____
_____
Present treatment technology: _____
_____
Your objectives for this evaluation: _____
_____
Discharge parameters to be met: _____
_____
Tests required: (these may incur a fee charged by an independent certified laboratory):
_____
_____
Other information: _____
_____
_____
_____
_____
_____
Please send any pertinent or useful materials such as MSDS, drawings, analytical reports

_____

Bel Air
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