



KEMLOOP ARSENIC REMOVAL QUESTIONNAIRE

Facility:		Date:	
Address:		Contact Person:	
WELL OPERATIONAL DATA			
Well Storage Type: <input type="checkbox"/> Pressure vessel <input type="checkbox"/> Elevated storage tank <input type="checkbox"/> No Storage feed direct from well <input type="checkbox"/> Other			
<input type="checkbox"/> Storage Water Capacity [gallons]		<input type="checkbox"/> Well Pressure [psi]	
<input type="checkbox"/> Maximum Desired Flow [gpm]		<input type="checkbox"/> Storage Tank pressure [psi]	
<input type="checkbox"/> Minimum Flow [gpm]		<input type="checkbox"/> Electrical service available [volt]	
WATER ANALYSIS DATA			
WATER QUALITY	Levels	Comments	
pH			
TDS			
Manganese			
Iron			
Fluoride			
Nitrate			
Silica			
Color			
Turbidity			
Hardness			
Alkalinity			
Temperature			
Do you currently use a form of chlorine for disinfection? <input type="checkbox"/> Yes, Form			
Arsenic Level:	<input type="checkbox"/> Arsenic 3 [ppb]	<input type="checkbox"/> Arsenic 5 [ppb]	<input type="checkbox"/> Total Arsenic [ppb]
Residual Options:	<input type="checkbox"/> On site sewer	<input type="checkbox"/> Backwash evaporation pond	<input type="checkbox"/> Wastewater pond <input type="checkbox"/> Nothing
Comments:			



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List any State permit requirements you are currently monitoring:

List comments or concerns regarding location or size restraints for building treatment plant at well site:

INTERNET MONITORING QUESTIONNAIRE

Table with 2 columns: Question and Answer (checkbox Yes). Questions include: Do you have phone service at the well site?, Do you have internet availability at well site?, Are you interested in remote data monitoring?, etc.

You may use Adobe Acrobat Reader to fill out the application, print, and submit by mail or use Adobe Acrobat Professional to fill out, save data with the form, and submit by email.

Submit by mail to: 9550 Bormet Drive, Suite 106, Mokena, IL 60448,
Submit by e-mail to: info@orcawt.com