OCP&E
ODOR CONTROL PRODUCTS & EQUIPMENT

CLIENT INTAKE PROJECT FORM

Thank you for the opportunity to assist with your odor control and air treatment needs. Please provide as much detail as possible to help our engineering team design the most effective solution for your facility.

1 CLIENT INFORMATION

Name of Client / Company: _____

Address: _____

_____

City: _____ State: _____ ZIP: _____

Primary Contact: _____

Title / Position: _____

Phone: _____

Email: _____

Alternate Contact (if applicable): _____

Title / Position: _____

Phone: _____

Email: _____

2 FACILITY INFORMATION

Facility Name / Location: _____

Facility Type:

☐ Wastewater Treatment Plant ☐ Lift Station ☐ Industrial

☐ Landfill ☐ Transfer Station ☐ Other _____

Process / Operation Description:

_____

_____

_____

_____

Normal Operating Hours: _____

Days / Week in Operation: _____

3 DESCRIPTION OF PROBLEM

Where is the odor or air quality issue occurring?

_____

_____

Please describe the problem in detail (odor type, duration, frequency, intensity, conditions that worsen it, etc.):

_____

_____

_____

_____

_____

_____

What is the source of the odor?

☐ Sewer / Collection System ☐ Wet Well ☐ Headworks

☐ Dewatering ☐ Lagoon / Basin ☐ Biosolids

☐ Chemical Process ☐ Other _____

Odor Character (check all that apply):

☐ Hydrogen Sulfide (H_2S) ☐ Ammonia

☐ Mercaptans / Thiols ☐ Volatile Fatty Acids (VFAs)

☐ Musty / Earthy ☐ Rotten Egg / Sulfur

☐ Other _____

Odor Complaints?

☐ Yes ☐ No

If yes, how often? _____

By whom? (e.g., residents, regulators, employees) _____

4 AIR & GAS CHARACTERISTICS

Air Flow Rate (CFM): _____

Hydrogen Sulfide (H_2S) (ppm): _____

Ammonia (NH_3) (ppm): _____

Temperature (°F): _____

Relative Humidity (%): _____

Other Contaminants (list and ppm):

_____

_____

_____

5 TREATMENT GOALS

Primary Goal:

☐ Odor Elimination ☐ Corrosion Control ☐ Regulatory Compliance

☐ Improve Air Quality ☐ Reduce Chemical Use ☐ Other _____

Target H_2S Reduction (ppm):

☐ < 1 ☐ < 5 ☐ < 10 ☐ < 20 ☐ Other _____

Other Specific Goals or Performance Requirements:

_____

_____

6 BUDGET & FUNDING

Estimated Budget Range:

☐ < $10,000 ☐ $10,000 – $50,000

☐ $50,000 – $100,000 ☐ $100,000 – $250,000

☐ $250,000+ ☐ To Be Determined

Funding Source (if applicable): _____

7 TIMELINE & SCHEDULE

Desired Start Date: _____

Project Completion Goal: _____

Is this project time-sensitive?

☐ Yes ☐ No

If yes, please explain:

_____

8 ADDITIONAL INFORMATION

Are there any previous solutions you have tried?

☐ Yes ☐ No Details: _____

_____

Any regulatory requirements or permits involved?

☐ Yes ☐ No Details: _____

CONFIDENTIAL & SECURE
All information provided is kept strictly confidential and used only to develop custom solutions for your facility.

LET'S ENGINEER A CLEANER, SAFER ENVIRONMENT TOGETHER.

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SUBMIT FORM

Email this completed form to: **sales@municipalodorcontrol.com** or call us at **(407) 547-9949** for assistance.