



Iowa Department of Natural Resources  
 Wastewater Section  
 Construction Permit Application  
**SCHEDULE O, Aeration Tanks or Basins**

DNR USE ONLY  
 Project No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_

Date Prepared _____	Project Identity
Date Revised _____	

1. Classification of Process: \_\_\_\_\_
2. Design Loadings: (waste entering tank unit operations)
- |                          | ADW   | AWW   | MWW   | PHWW  |
|--------------------------|-------|-------|-------|-------|
| Flow, MGD                | _____ | _____ | _____ | _____ |
| BOD <sub>5</sub> , mg/l  | _____ | _____ | _____ | _____ |
| TSS, mg/l                | _____ | _____ | _____ | _____ |
| NH <sub>3</sub> -N, mg/l | _____ | _____ | _____ | _____ |
- Design Temp: \_\_\_\_\_ °F
3. Aeration tank unit operation follows: \_\_\_\_\_ and precedes: \_\_\_\_\_
4. Design data: First stage: \_\_\_\_\_ Second stage: \_\_\_\_\_

Parameter	Unit 1	Unit 2	Unit 3
Specify whether new or existing			
Dimensions (length x width)			
SWD (ft)			
Freeboard (in)			
Effective Volume (gal)			
Detention time at AWW flow (hrs)			
BOD Loading (#/D/1,000 ft <sup>3</sup> )			
Air provided (ft <sup>3</sup> /#BOD <sub>5</sub> )			
Oxygen Provided (#O <sub>2</sub> /#BOD <sub>5</sub> )			
F/M Ratio			
MLSS/MLVSS (mg/l)			
SRT (days)			
Hydraulic Loading (gpm/ft <sup>2</sup> )			
Sludge Return: Percent _____ GPM _____			
Gallons of Waste Sludge @ _____ % solids			
Sludge Wasting Method _____ Location _____			

5. Is service bypass provided?  Yes  No Discharge to: \_\_\_\_\_
6. Is cold weather protection provided?  Yes  No How: \_\_\_\_\_
7. Aeration Equipment: Design Air Temperature: \_\_\_\_\_ °F to \_\_\_\_\_ °F
- A. Rotors: Number of Rotors: \_\_\_\_\_ Dimensions: \_\_\_\_\_  
 Each \_\_\_\_\_ HP Maximum submergence: \_\_\_\_\_ inches  
 Cross Section velocity \_\_\_\_\_ fps  
 Specify provisions for cross-sectional velocity control \_\_\_\_\_
- B. Diffusers: Number of Blowers: \_\_\_\_\_ Each \_\_\_\_\_ CFM at \_\_\_\_\_ psi  
 Type of Diffusers: \_\_\_\_\_ Number/Tank: \_\_\_\_\_  
 Total CFM of air required: \_\_\_\_\_ Provided: \_\_\_\_\_
- C. Mechanical: Number and Type of Unit: \_\_\_\_\_  
 Each \_\_\_\_\_ HP Rated Capacity: \_\_\_\_\_ #O<sub>2</sub>/hour
8. Sludge Return Pump Number of Pumps: \_\_\_\_\_ Type: \_\_\_\_\_ Each \_\_\_\_\_ GPM  
 Rated TDH: \_\_\_\_\_ Required TDH: \_\_\_\_\_  
 Range: \_\_\_\_\_ GPM to \_\_\_\_\_ GPM Type of Control: \_\_\_\_\_