

NYSERDA WWTP ENERGY SURVEY

Sewer District: _____
 SPDES: _____ Contact: _____

CONTACT INFORMATION

Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

GENERAL INFORMATION

Design Flow (MGD) _____
 Year Built: _____
 Year Updated: _____

Population Served: _____
 Collection(comb\separate) _____
 Collection System Age _____

OPERATING INFORMATION

- 1) Level of treatment: **Primary/Secondary/Tertiary/Other**
- 2) Secondary treatment technology: **Activated Sludge/Trickling Filter/RBC/SBR**
- 3) Disinfection: **Yes/No/Seasonal**
- 4) Flow and Load Data: Please verify the data provided and fill in any blanks.

2003 Data

Parameter	Units	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Effluent Flow (avg/max)	MGD												
Influent Flow (avg/max)	MGD												
Effluent BOD (avg/max)	LB/DAY												
Influent BOD (avg/max)	LB/DAY												
Biosolids Production (avg)	Dry Tons												
Estimated I&I as a % of avg flow	%												

2004 Data

Parameter	Units	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Effluent Flow (avg/max)	MGD												
Influent Flow (avg/max)	MGD												
Effluent BOD (avg/max)	LB/DAY												
Influent BOD (avg/max)	LB/DAY												
Biosolids Production (avg)	Dry Tons												
Estimated I&I as a % of avg flow	%												

OPERATING INFORMATION CONTINUED

- 6) Size of Service Area: **Sq. Miles?** _____ Miles of Piping within Service Area (Approximate)? _____
- 7) Approximate floor area of buildings with electrical service and/or heated? _____ sq ft.
- 8) Do you have influent pumping at the treatment facility? _____
- 9) How many engine driven pumps do you use? _____
- 10) Method of sludge disposal: **Landfill/Incineration/Compost/Other Treatment Plant/Other** _____
- 11) % solids of **sludge/cake** following last stage of **thickening/dewatering** _____ (Annual Average)
- 12) Type of Aeration: **Mechanical/Coarse Bubble/Fine Bubble/Pureox**
- 13) Is your aeration system automatically controlled by dissolved oxygen sensor feedback? **Yes/No**
- 14) How many significant industrial users (SIUs) do you serve? _____ % of flow from SIUs _____
- 15) Are any SIUs categorized as Food Waste Generating Facilities? **Yes/No** Is so, how many? _____
- 16) Does your SPDES permit require any of the following: **Phosphorus Removal/Nitrification/Denitrification**
- 17) Approximately how many pump stations are located in your service area? _____
Of those, how many are you responsible for paying the utilities? _____
- 18) What improvements are planned for:
Collection System: _____
Treatment Plant: _____
- 19) Why are improvements being undertaken: _____
- 20) Do you have standby power generation? **Yes / No**
a) If yes, what type of fuel do you use? **Natural Gas / Diesel / Other**
b) Capacity of Backup/Standby Power _____ kW
c) Approximate amount of generator load that can currently be utilized by the plant _____ kW
d) Are you currently involved in a peak demand shift/offset program? **Yes / No**
e) If not, why? **Air Permitting / Generator Capacity / Operating Constraints / Other**
Describe Other: _____
- 21) Do you currently use anaerobic sludge digestion? **Yes/No** If Yes, please complete the following:
a) Average volatile solids destruction in digester (**lb/day**) _____
b) How is digester gas used?
___ **Flare** ___ **Digester Mixing** ___ **Digester Heating** ___ **Facility Heating** ___ **Electricity for WWTP**
___ **Electricity for Grid** ___ **Combined Heat and Power** ___ **Other (specify)** _____
c) If gas is used for electricity generation, how is electricity produced? **Genset/Microturbine/Other** _____
d) Capacity/Output _____ kW _____ Btu
e) Annual Capacity/Output _____ kW/Year _____ Btu/Year
- 22) What area of your plant offers the best opportunity for energy efficiency improvement? _____
- 23) What types of funding/educational programs would be useful to reduce energy consumption and costs for your plant and collection system? **Equipment Upgrades/Biogas Use/Operational Modification/Industrial Pretreatment/Alternative Energy Procurement**

ELECTRICAL USAGE INFORMATION

What types of energy do you use:

Electricity
 Natural Gas _____ Therms per year \$ _____ per year (Including Transportation)
 Fuel Oil _____ Gallons per year \$ _____ per year
 Propane _____ Gallons per year \$ _____ per year
 Other (_____) _____ per year \$ _____ per year

If you would prefer us to contact your energy service provider directly, please provide account number(s) and sign the authorization below. Fax this authorization directly to 1-845-294-0643 Attn: WWTP Energy Release

WWTP SPDES No.: _____ Contact Name _____
 Electric Service Provider: _____
 WWTP Electric Account #(s) _____, _____, _____, _____, _____,
 Collection System Electric Account #'s _____, _____, _____, _____, _____

I authorize Malcolm Pirnie, Inc. and Strategic Power Management, LLC to contact my power provider directly and authorize the release of energy use data for the account(s) identified above for the purpose of the study they are performing for NYSERDA.

 Name Title Date

ENERGY INFORMATION - Complete only if you are not supplying a signed release form

Period	Within Collection System			At Treatment Facility		
	Electric Use (kWh)	Demand (kW)	Electric Cost (\$)	Electric Use (kWh)	Demand (kW)	Electric Cost (\$)
January-03						
February-03						
March-03						
April-03						
May-03						
June-03						
July -03						
August-03						
September-03						
October-03						
November-03						
December-03						
January-04						
February-04						
March-04						
April-04						
May-04						
June-04						
July-04						
August-04						
September-04						
October-04						
November-04						
December-04						