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HYDROBLASTER - HYDROKLEEN - HYDROPAD

www.hydroblaster.com

# PAD SITE EVALUATION FORM

DATE: \_\_\_\_\_ DISTRIBUTOR: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_ CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

WASTE STREAM GENERATED BY: \_\_\_\_\_

**WASTE VOLUME:** (Answer all rates to determine maximum and averages for discharge)

GPM _____	Daily Ave. _____
Weekly Ave _____	Monthly Ave. _____

**Present Method of Disposal:** (check one)

WASTE HAULED  STORM DRAIN  SEWER DISCHARGE  SEPTIC  OTHER

**Present Costs associated with disposing waste water: (This is optional but can help in cost analysis)**

Cost per gallon hauled _____	Sewer rate/1000 _____
Pick-up fee _____	Surcharge/1000 _____
Liability insurance _____	Annual permit fees _____
Sample analysis fees _____	Required monitoring _____

**Discharging to sewer (POTW)?** \_\_\_\_\_ (Yes/No) Get name and phone# of district. \_\_\_\_\_  
(We will then get current discharge requirements)

Have lab test ever been taken on discharge water? \_\_\_\_\_ (Attach a copy if yes)

**Waste stream Make-up:** (Attach MSDS sheets of all cleaners and additives.)

What detergents are being used presently? \_\_\_\_\_

Are they Oil emulsifying? \_\_\_\_\_ Amount used per month? \_\_\_\_\_

What residues are removed during the cleaning process? \_\_\_\_\_  
\_\_\_\_\_

Can the cleaning practice be changed to reduce waste residues prior to washing?  
If yes, how? \_\_\_\_\_

**Solids load:** Heavy  Moderate  Light  (check one)  
**Oil load:** Heavy  Moderate  Light  (check one)

Is rainwater prevented from mixing with waste stream? \_\_\_\_\_ If no, what are the local regulations pertaining to excess rainwater deposited into the sewer system? Attach regulations concerning storm water runoff for the site.

**SITE SPECIFICS**

**Electrical:** (Have your electrician provide following information)

Voltages available on site now

460-480, 3 phase  208-230, 3 phase  208-220, 1 phase  110-120, 1 phase   
Max Amps \_\_\_\_\_ Max Amps \_\_\_\_\_ Max amps \_\_\_\_\_ Max Amps \_\_\_\_\_

Desired voltage and phase for equipment: \_\_\_\_\_

**Existing Sump**

Capacity \_\_\_\_\_ gals Actual Sump Size \_\_\_\_\_ X \_\_\_\_\_ Storage Tank Capacity (if available) \_\_\_\_\_

**Filtration Equipment to be Located:** Outdoors  Indoors   
(Is freeze protection of components needed?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Distance to drain or sewer from equipment location:** \_\_\_\_\_

**Distance from pad to equipment location:** \_\_\_\_\_

**Any Special Considerations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISTRIBUTORS RECOMMENDATION:**

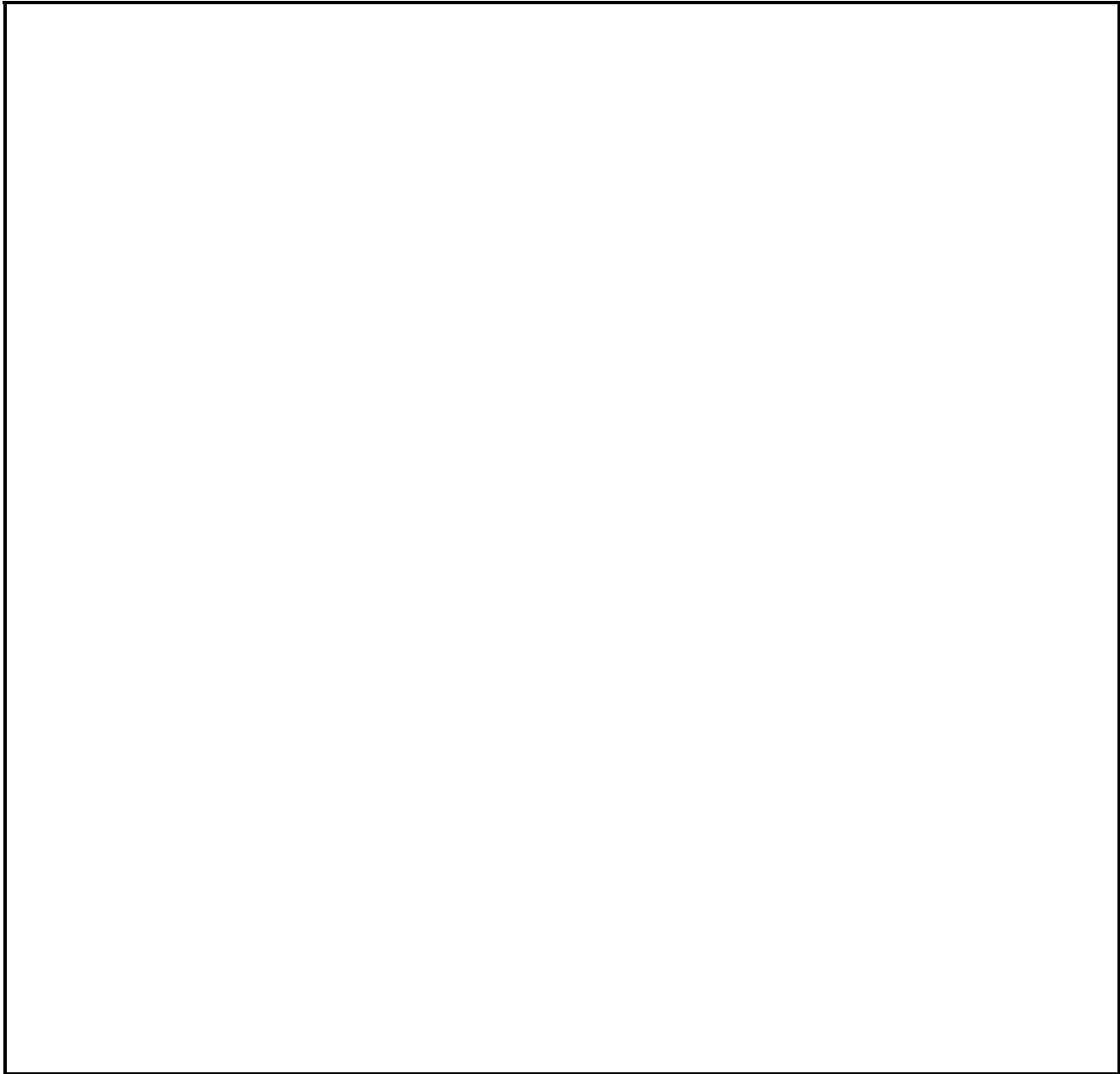
\_\_\_\_\_  
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**DRAW A BASIC LAYOUT OF SITE**

(Dimensions are Important)

Include and Label the following

- |                              |                      |                  |                  |
|------------------------------|----------------------|------------------|------------------|
| A. Wash Pad                  | E. Sumps             | I. Storage Tanks | M. Covered Areas |
| B. Pressure Washers/Cleaners | F. Sewer             | J. Walls         | N. Exposed Areas |
| C. Equipment Pad             | G. Electrical panels | K. Hose Bibs     |                  |
| D. Solids Collection Trench  | H. Water supply      | L. Access Doors  |                  |



NOTE: Attach pictures of site if possible