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## Questions for the design of wastewater treatment plants for brewery wastewater

### Brewery wastewater

① Maximum amount of beer produced: \_\_\_\_\_ (hl/day) \_\_\_\_\_ (hl/week)

② Maximum wastewater flow

- Is the maximum daily wastewater flow known?

Yes

\_\_\_\_\_ (m<sup>3</sup>/day)

No

③ Pollutant concentrations

- Has the wastewater been analyzed?

Yes

No

Sample 1	Sample 2	Sample 3
Date: _____	Date: _____	Date: _____
BOD <sub>5</sub> _____ (mg/l)	BOD <sub>5</sub> _____ (mg/l)	BOD <sub>5</sub> _____ (mg/l)
COD _____ (mg/l)	COD _____ (mg/l)	COD _____ (mg/l)
P _____ (mg/l)	P _____ (mg/l)	P _____ (mg/l)
N _____ (mg/l)	N _____ (mg/l)	N _____ (mg/l)
pH _____	pH _____	pH _____

④ Specific wastewater characteristics

- Are solids retained?

Yes

No

- Which cleaning and disinfection products are used?

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

## Domestic wastewater

① Does domestic wastewater have to be also treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
② Number of employees:	_____	
③ Apartments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Number of apartments:	_____	
- Size of the apartments:	_____ (m <sup>2</sup> )	_____ (m <sup>2</sup> )
- Number of residents:	_____	
④ Restaurant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Number of seats:	_____	
- Number of meals per day:	_____	
- Is there a grease separator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
⑤ Beer garden	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Number of seats:	_____	
⑥ Are there any special events on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Maximum number of guests per day:	_____	

## Treatment target:

BOD <sub>5</sub> _____	P _____	Colif. germs _____
COD _____	NH <sub>4</sub> N _____	pH _____
AFS _____	N <sub>ges</sub> _____	

## Remarks/Other:

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