

**UNIT PROCESS: Flotation Thickening**

- |  |  |                                    |                               |
|--|--|------------------------------------|-------------------------------|
| 1. Number of units:  | In operation:                          |                                    |                               |
| 2. Flotation aid system provided:  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No        |                               |
| Type of aid/dosage:  |  |                                    |                               |
| 3. Sludge pumping:   | <input type="checkbox"/> Manual        | <input type="checkbox"/> Automatic |                               |
| 4. Skimmer blade sludge removal system operating properly                          | <input type="checkbox"/> Yes           | <input type="checkbox"/> No*       |                               |
| 5. Sludge collection system operating properly:                                    | <input type="checkbox"/> Yes           | <input type="checkbox"/> No*       |                               |
| 6. Effluent baffle system working properly:  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No*       |                               |
| 7. Is the unit used to thicken sludges other than WAS? <input type="checkbox"/> No | <input type="checkbox"/> Yes (specify) |                                    |                               |
| 8. Signs of overloading:   | <input type="checkbox"/> Yes*          | <input type="checkbox"/> No        |                               |
| 9. Process control testing:  |  |                                    |                               |
| a. feed solids testing:  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No        | %                             |
| b. thickened sludge solids testing:  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No        | %                             |
| c. underflow testing:  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No        | mg/L                          |
| d. other(specify):   |  |                                    |                               |
| 10. Percent capture of solids:   |  |                                    | %                             |
| 11. General condition:   | <input type="checkbox"/> Good          | <input type="checkbox"/> Fair      | <input type="checkbox"/> Poor |

Comments: