Questions sheet for wastewater from dairy farms

KLARO

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Questions for the design of wastewater treatment plants for dairy wastewater

a) Information about the dairy farm

① Products:

☐ Milk ☐ Cheese ☐ Milk and cheese ☐ Others _____

② Working time: _____ hours/day _____ days/year

③ Number of:

_____ x cows _____ x goats _____ x sheep _____ x _____

④ Maximum amount of milk produced: _____ l/day

⑤ Amount of milk used for the cheese production: _____ l/day

⑥ Altitude of the farm above the sea level: _____ m

b) Industrial wastewater

① Maximum daily wastewater flow:
- White water (from cleaning processes) _____ m^3/day
- Whey (byproduct of the cheese production)
  Is it planned to treat whey in the WWTP? ☐ Yes _____ l/day ☐ No

② Wastewater analyses (If more samples were analyzed, please attached the analyses)

Sample 1 – Date: _____	**Sample 2** – Date: _____	**Sample 3** – Date: _____
BOD_5 _____ mg/l	BOD_5 _____ mg/l	BOD_5 _____ mg/l
COD _____ mg/l	COD _____ mg/l	COD _____ mg/l
SS _____ mg/l	SS _____ mg/l	SS _____ mg/l
P_{tot} _____ mg/l	P_{tot} _____ mg/l	P_{tot} _____ mg/l
N_{tot} _____ mg/l	N_{tot} _____ mg/l	N_{tot} _____ mg/l
Conductivity _____ µS/cm	Conductivity _____ µS/cm	Conductivity _____ µS/cm
pH _____	pH _____	pH _____

③ Used cleaning and disinfection products: _____

c) Domestic wastewater

① Domestic wastewater has to be treated?	☐ Yes	☐ No (Please do not fill in ② - ⑤)
② Number of employees:	_____	
③ Houses/apartments:	☐ Yes	☐ No
- Maximum number of residents:	_____	

④ Cafe:	☐ Yes	☐ No
- Daily opening hours:	From _____ to _____	
- Yearly opening times:	☐ All year	☐ From _____ to _____
- Number of seats:	_____	
- Is there a kitchen?	☐ Yes	☐ No
1) Number of meals per day:	_____	
2) Is there a grease separator?	☐ Yes NS: _____	☐ No

⑤ Are there any special events on site?	☐ Yes _____	☐ No
- Maximum number of guests per day:	_____	
- Particularities:	_____	

d) Treatment target

① Wastewater should be <u>just</u> pretreated:	☐ Yes	☐ No
② Wastewater should be completely treated:	☐ Yes	☐ No
③ Required effluent values:		

BOD_5 _____ mg/l	P_{tot} _____ mg/l	Tot. coliforms _____ CFU/100ml
COD _____ mg/l	NH_4-N _____ mg/l	pH _____
SS _____ mg/l	N_{tot} _____ mg/l	Others: _____

Additional comments:

_____

_____

_____

_____

_____

_____

Date: _____   Signature: _____