

Site Survey for Ponds & Lakes

Please fill out this form and submit it to *EcoSolutions*, LLC.
Fax # 712-545-3029

NOTE: Required fields are marked with a *.

Facility Name: * _____
Contact Name: * _____
Email Address: * _____
Address Line 1: * _____
Address Line 2: _____
City: * _____
State/Province: * _____
Zip/Post: * _____
Country: * _____
Telephone: * _____
Fax: _____
Facility Type: _____
Plant Name: _____

CAPACITY SIZING CHART:

To figure tank/pond/fountain capacities:

- Square or rectangular - multiply length x width x average depth = cubic feet x 7.4805 = gallons of capacity to treat [this number in gallons multiplied by .003785 = cubic meters]
[Multiply length (m) x width (m) x average depth (m) = cubic meters]
- Round - Multiply diameter x diameter x average depth x 5.9 = gallons of capacity to treat.
 $\pi r^2 h_1 = m^3/ft^3$ ($\pi=3.14$) (r = radius in m/ft) (h = height is m/ft)

Issue Details

1 What are your water problems?

Algae _____ Bottom Solids _____ Other (Specify): _____
Odors _____ Clarity _____

2 Describe problem areas:

Algae _____
Odors _____
Bottom Solids _____
Clarity _____
Other _____

Site Survey for Ponds & Lakes

3 How many lakes or ponds do you have on your property? _____

How many have water quality problems? _____

What is the source of your water? City _____ Effluent _____

Well _____ Runoff _____ Stream/River _____ Other _____

4 Please provide the following detail (as much as possible) for each pond requiring treatment:

pH of water: _____ Dissolved Oxygen (DO) content: _____

Temperature of water: _____

If there are bottom solids, please provide depths of solids: _____

Total volume in gallons or dimensions of pond (see capacity sizing chart above): _____

Is there an operating aeration system for the pond? Yes ___ No ___

Do you lose (stream, overflow) more than 40% of the pond's total volume in a single day?

Yes _____ No _____

Has the algae already started? Yes _____ No _____

If yes, how bad is it? _____

NO₃: _____

Total Phosphorus: _____

NO₂: _____

Hardness: _____

NH₃: _____

Alkalinity: _____

NH₄: _____

Filtration Used? Yes _____ No _____ *If yes, what kind?* _____

Sterilizers Used? Yes _____ No _____ *If yes, what kind?* _____

Chemicals used? Yes _____ No _____ *If yes, what kind?* _____

Fish Stocking Density _____

5 List any other special circumstances which may contribute to site remediation:
