

Nitrogen Optimization Evaluation Plan Checklist

Facility Name: _____ Plan Date: _____

Plan Prepared By: _____ Qualified: Y N

Type of Treatment Process: _____

Permitted Flow: _____ MGD Current Average Flow: _____ MGD

Baseline annual average TN: _____ lbs./day

Projected annual average TN: _____ lbs./day

Plan Checklist based on permit conditions

	Operational changes to enhance nitrification/denitrification (seasonal and year round) Comments:
	Process changes to enhance nitrification/denitrification (seasonal and year round) Comments:
	Equipment changes to enhance nitrification/denitrification (seasonal and year round) Comments:
	Incorporation of anoxic zones Comments:
	Septage receiving policies and procedures Comments:
	Side stream management Comments:
	Collected sufficient data to evaluate nitrogen discharge Comments:
	Other:

Review Date: _____ Reviewed by: _____

Review comments sent date: _____

Reply received date: _____ Plan approval date: _____

Notes: