

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

Energy use can be obtained from your monthly utility bills or request from your utility a use summary. Read your energy bill or use summary closely and enter the use in the correct month. Include all collection system energy use in which the municipality is financially responsible.

COLLECTION SYSTEM: Total Energy Consumed

Number of Municipally Owned Pump/Lift Stations:

	Total Collection System Electricity Consumed (kWh)	Total Collection System Natural Gas Consumed (therms) <i>Leave blank if not applicable</i>
January	<input type="text"/>	<input type="text"/>
February	<input type="text"/>	<input type="text"/>
March	<input type="text"/>	<input type="text"/>
April	<input type="text"/>	<input type="text"/>
May	<input type="text"/>	<input type="text"/>
June	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>
August	<input type="text"/>	<input type="text"/>
September	<input type="text"/>	<input type="text"/>
October	<input type="text"/>	<input type="text"/>
November	<input type="text"/>	<input type="text"/>
December	<input type="text"/>	<input type="text"/>
Total		
Average		

6.1.2 Comments:

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- Comminution or Screening
- Extended Shaft Pumps
- Flow Metering and Recording
- Pneumatic Pumping
- SCADA System
- Self-Priming Pumps
- Submersible Pumps
- Variable Speed Drives
- Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

No

Yes

Year:

By Whom:

Describe and Comment:

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

7. Treatment Facility

7.1 Energy Usage

7.1.1 Enter the monthly energy usage from the different energy sources:

Read your energy bill or use summary closely. Use the period of energy usage on your bill or utility use summary that corresponds to the same month of the flow.

TREATMENT FACILITY: Total Energy Consumed/Month

	Electricity Consumed (kWh)	Total Influent Flow (MG)	Electricity Consumed/ Flow (kWh/MG)	Total Influent BOD (1000 lbs)	Electricity Consumed/ Total Influent BOD (kWh/1000 lbs)	Natural Gas Consumed (therms) <i>Leave blank if not applicable</i>
January		311.46		323.80		
February		311.07		316.62		
March		473.20		323.80		
April		454.82		320.22		
May		352.97		459.48		
June		301.08		457.11		
July		310.86		443.33		
August		274.05		439.92		
September		318.00		428.94		
October		318.68		430.44		
November		270.64		378.18		
December		313.21		385.36		
Total		4,010.04		4,707.20		
Average		334.17		392.27		

7.1.2 Comments:

7.2 Energy Related Processes and Equipment

7.2.1 Indicate equipment and practices utilized at your treatment facility (Check all that apply):

- Aerobic Digestion
- Anaerobic Digestion
- Biological Phosphorus Removal
- Coarse Bubble Diffusers
- Dissolved O2 Monitoring and Aeration Control
- Effluent Pumping
- Fine Bubble Diffusers
- Mechanical Sludge Processing
- Nitrification
- SCADA System
- UV Disinfection
- Variable Speed Drives
- Other:

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7.2.2 Comments:

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7.3 Future Energy Related Equipment

7.3.1 What energy efficient equipment or practices do you have planned for the future for your treatment facility?

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8. Biogas Generation

8.1 Do you generate/produce biogas at your facility?

- No
- Yes

If Yes, how is the biogas used (Check all that apply):

- Flared Off
- Building Heat
- Process Heat
- Generate Electricity
- Other:

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9. Energy Efficiency Study

9.1 Has an Energy Study been performed for your treatment facility?

No

Yes

Entire facility

Year:

By Whom:

Describe and Comment:

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Part of the facility

Year:

By Whom:

Describe and Comment:

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