

ENERGY STAR® Data Collection Template



Email this form and copies of utilities bills to: info@coacair.com

Building Type: **Wastewater Treatment Plant**

Gross Floor Area: _____ sq. ft.

Plant Design Flow Rate: _____

Average Influent Biological Oxygen Demand (BOD5): _____

Average Effluent Biological Oxygen Demand (BOD5): _____

Fixed Film Trickle Filtration Process: _____

Nutrient Removal: _____

Date Building was Constructed: _____

IMPORTANT REQUIREMENT:

Please include copies of the past 12 consecutive months of the building's electricity and gas bills.

Utility Information

PGE Customers:

Account Number: _____

Service ID Number: _____

Meter Number: _____

Account Name: _____

SMUD Customers:

Account Number: _____

Location Number: _____

Meter Number: _____

Account Name: _____

If you have any questions about this form or about benchmarking please contact our Energy Services Director, **Bill Schmalzel** at bschmalzel@coacair.com or 916.416.7447

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