



5460 South Garnett • Tulsa, OK 74146 • (918) 610-5205 Fax (918) 610-5225

BZT® Aquaculture Pond Treatment Checklist

Date: _____

Contact Information

Facility Name: _____
 Contact Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City, State Zip _____ Country: _____
 Phone: _____ Fax: _____
 Type of Facility: _____
 Plant Name: _____

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 Odors Bottom Solids Clarity Other (Please Specify)

2. Describe problem areas

Algae: _____
 Odors: _____
 Bottoms Solids: _____
 Clarity: _____
 Other: _____

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 Runoff Effluent Stream/River Well Other (Please Specify)

4. Please provide as many as possible of the following details for each pond requiring treatment:

pH of water: _____	Is there an operating aeration system for the pond?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dissolved oxygen (DO) content: _____	Do you lose (stream, overflow) more than 40% of the pond's total volume in a single day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature of water: _____	Has the algae already started?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are bottom solids, please provide depth of solids. _____	If yes, how bad is it?	_____
Total volume in gallons or dimensions of pond. (See capacity sizing chart) _____	Filtration used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NO ₃ : _____	If yes, what Kind	_____
NO ₂ : _____	Sterilizers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NH ₃ : _____	If yes, what kind?	_____
NH ₄ : _____	Any chemicals or alike products being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Phosphorus: _____	If yes, what kind?	_____
Hardness: _____	Fish Stocking Density:	_____
Alkalinity: _____		

5. Provide a sketch of pond or ponds showing measurements & depths. If ponds are connected to one another, please show overall layout & flow directions on the sketch. Should you have questions on figuring pond/lake capacities, please call us at anytime for assistance.

Note: If you are presently using any chemicals in your ponds or waterways, the use of these chemicals must be stopped at least two weeks prior to the using of BZT® Aquaculture.