

Hydrocarbon Recovery Systems

Geotech Use Only	CLIENT INFORMATION	QUOTATION TYPE:
Quote By: _____	<input type="checkbox"/> Account Pending <input type="checkbox"/> CA/TS Sent	<input type="checkbox"/> Budgetary <input type="checkbox"/> Est. Budget \$ _____ <input type="checkbox"/> Hard Bid <input type="checkbox"/> Proposal <input type="checkbox"/> Project Already Awarded
Quote #: _____		
Quote Date: _____	Company Name: _____	Needed By: ____/____/____
Sales Order # _____	Address: _____	Award By: ____/____/____
Sales Date: _____	City: _____ State: _____ Zip: _____	Install By: ____/____/____
	Contact Name: _____	
	Alternative Contact: _____	
	Date: _____	
	Phone: _____	
	Fax: _____	
	Title: _____	
	E-Mail: _____	

GENERAL SITE INFORMATION	Recovery Well Information
Site Name: _____	Total number of recovery wells: _____
Site Location: City _____ State: _____	Product recharge rate: _____ gpm
Site Elevation: _____ ft/AMSL	Desired product pumping rate: _____ gpm
Engineering Specifications Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Water recharge rate: _____ gpm
Funding Source: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Other	Desired water pumping rate: _____ gpm
Other parties involved in review/decision making process: _____	Horizontal run discharge lines
	Product _____ Water _____
	Site water fluctuations: _____ Ft.
Deciding criteria for purchasing system: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Tidal <input type="checkbox"/> Storm event <input type="checkbox"/> Other
	Over what period of time does fluctuation occur? Hours _____ Days _____ Weeks _____ Months _____
Chemicals of concern on site	
Contaminant types _____ Concentrations % _____	Well I.D _____ SWL BTC (FT.) _____ T.D BTC (FT.) _____ NAPL Thickness _____
Clean up Criteria/Objectives: _____	