

Dedicated Electric Sampling System

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|-------------------------|---|---------------------------|------------|------------------|---|------------------------------------|--|
| Geotech Use Only | Quote By: _____ Quote #: _____ Quote Date: _____ Sales Order #: _____ Sales Date: _____ | CLIENT INFORMATION | | | On Account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Account Pending | QUOTATION TYPE | |
| | Company Name: _____ | | | Customer # _____ | <input type="checkbox"/> CA/TS Sent | <input type="checkbox"/> Budgetary | |
| | Address: _____ | | | Date: _____ | Phone: _____ | Est. Budget \$ _____ | |
| | City: _____ | State: _____ | Zip: _____ | Fax: _____ | <input type="checkbox"/> Hard Bid <input type="checkbox"/> Proposal <input type="checkbox"/> Already Awarded | | |
| | Contact Name: _____ | | | Title: _____ | Needed By: ____/____/____ | | |
| | Alternative Contact: _____ | | | E-Mail: _____ | Award By: ____/____/____ Install By: ____/____/____ | | |

| GENERAL SITE INFORMATION | PUMPING SYSTEM TYPE | ACCESSORIES & WELL DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------------|---------------------|--|--|-----------|-------------------|---------------|----------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Site Name: _____ Site Location: City _____ State _____ Site Elevation: _____ ft./AMSL Engineering specifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No Funding Source: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Other Other parties involved in review/decision making process: _____ Deciding Criteria for Purchasing System: _____ Total Number of Wells and Type: 2" _____ 4" _____ 6" _____ Other _____ Well Pipe Schedule: <input type="checkbox"/> 40 <input type="checkbox"/> 80 <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel Site Monitoring Schedule: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annualy <input type="checkbox"/> Other _____ Chemicals Of Concern On Site: Contaminant Types _____ Concentrations % _____ _____ _____ | Pump Type: <input type="checkbox"/> Geotech _____ 12V DC <input type="checkbox"/> Grundfos RediFlo2 <input type="checkbox"/> Grundfos RediFlo3* <input type="checkbox"/> Grundfos RediFlo4 Motor Lead: <input type="checkbox"/> All-in-one (RF2) <input type="checkbox"/> Tefzel STD - (RF2) <input type="checkbox"/> Teflon twisted <input type="checkbox"/> Teflon jacketed <input type="checkbox"/> Santoprene twisted <input type="checkbox"/> Santoprene jacketed Controls: <input type="checkbox"/> Geotech 12V DC Controller <input type="checkbox"/> Grundfos VFD <input type="checkbox"/> Grundfos CO 300 Status Box (RF3) <input type="checkbox"/> Grundfos R100 Remote (RF3) Well Cap: <input type="checkbox"/> Slip fit <input type="checkbox"/> Well seal <input type="checkbox"/> Flush mount <input type="checkbox"/> Landing plate Georeel Pump System <input type="checkbox"/> Hand reel with pump caddy <input type="checkbox"/> Hand reel with pump caddy and collector assembly <input type="checkbox"/> Portable reel with pump caddy <input type="checkbox"/> Portable reel with center collector and center discharge <input type="checkbox"/> Portable reel with electric rewind <input type="checkbox"/> Portable reel with electric rewind, center collector and center discharge *Tefzel® twisted cable kit standard for RF3 Tubing: <input type="checkbox"/> Polyethylene <input type="checkbox"/> PVC Nylobraid <input type="checkbox"/> Teflon® lined poly <input type="checkbox"/> Teflon® System Length _____ | Honda® Generators: <input type="checkbox"/> EB3000 <input type="checkbox"/> EG3500 <input type="checkbox"/> EM3800 VFD Extension Cord: <input type="checkbox"/> RF2 <input type="checkbox"/> RF4 Cooling Shroud: <input type="checkbox"/> RF2 <input type="checkbox"/> RF3 <input type="checkbox"/> RF4 Discharge Check Valve: <input type="checkbox"/> RF2 Analytical Meters: <input type="checkbox"/> pH <input type="checkbox"/> Cond <input type="checkbox"/> DO <input type="checkbox"/> ORP <input type="checkbox"/> Flow Cell <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">Well I.D.</th> <th style="width: 10%;">Casing Dia. (in.)</th> <th style="width: 10%;">SWL BTC (ft.)</th> <th style="width: 10%;">T.D. BTC (ft.)</th> <th style="width: 10%;">Recharge Rate (gpm)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | Well I.D. | Casing Dia. (in.) | SWL BTC (ft.) | T.D. BTC (ft.) | Recharge Rate (gpm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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