

Hydrocarbon Recovery Systems

Geotech Use Only	Quote By: _____ Quote #: _____ Quote Date: _____ Sales Order #: _____ Sales Date: _____	CLIENT INFORMATION	On Account? <input type="checkbox"/> Yes <input type="checkbox"/> No Customer # _____	<input type="checkbox"/> Account Pending <input type="checkbox"/> CA/TS Sent	QUOTATION TYPE
	Company Name: _____			Date: _____	<input type="checkbox"/> Budgetary
	Address: _____			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	APPLICATION INFORMATION	RECOVERY WELL INFORMATION				
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: _____ _____ Chemicals Of Concern On Site: Contaminant Types _____ Concentrations % _____ _____ _____ _____ Clean-up Criteria/Objectives: _____ _____ _____	Electrical Classification Required: _____ Site Power Availability: _____ Volts _____ Phase _____ Hz Controls: <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 7 (XP) <input type="checkbox"/> By others <input type="checkbox"/> Solar <input type="checkbox"/> Pneumatic <input type="checkbox"/> Remote Air available on site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Plant air <input type="checkbox"/> Filtered dry air _____ PSIG _____ SCFM Geotech to provide air compressor? <input type="checkbox"/> Yes <input type="checkbox"/> No Product to be pumped: <input type="checkbox"/> LNAPL <input type="checkbox"/> DNAPL <input type="checkbox"/> Total Fluids Viscosity: _____ @ _____ °F Specific Gravity: _____ How many gallons are expected to be recovered? ____ gal. How many recovery tanks will be used? ____ Size: ____ gal. Does system require automatic tankfull shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Will water be pumped to maintain hydraulic control? <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated Flow Rate: _____ gpm _____ ft./TDH	Total Number of Recovery Wells: _____ Product Recharge Rate: _____ gpm Desired Product Pumping Rate: _____ gpm Water Recharge Rate: _____ gpm Desired Water Pumping Rate: _____ gpm Horizontal Run Discharge Lines: Product _____ Water _____ Site Water Fluctuations: _____ ft. <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				
		Well I.D.	Casing Dia. (in.)	SWL BTC (ft.)	T.D. BTC (ft.)	NAPL Thickness