

# SVE/Sparge System

<b>Geotech Use Only</b>	Quote By: _____	<b>CLIENT INFORMATION</b>			On Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Account Pending	<b>QUOTATION TYPE</b>
	Quote #: _____				Customer # _____		
	Quote Date: _____	Company Name: _____			Date: _____	<input type="checkbox"/> Budgetary	
	Sales Order # _____	Address: _____			Phone: _____	Est. Budget \$ _____	
	Sales Date: _____	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	SVE SYSTEM REQUIREMENTS	SPARGE SYSTEM REQUIREMENTS
Site Name: _____	Electrical Classification Required: _____	Electrical Classification Required: _____
Site Location: City _____ State _____		
Site Elevation: _____ ft./AMSL	Site Power Availability:	Site Power Availability:
Engineering specifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Volts _____ Phase _____ Hz _____ Amps	_____ Volts _____ Phase _____ Hz _____ Amps
Funding Source: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Other	Controls: <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 7 (XP) <input type="checkbox"/> By others <input type="checkbox"/> Remote	Controls: <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 7 (XP) <input type="checkbox"/> By others <input type="checkbox"/> Remote
Other parties involved in review/decision making process:	CFM Requirements: _____ SCFM _____ ICFM	CFM Requirements: _____ SCFM _____ ICFM
_____	Inches Vacuum at Blower Inlet: _____ H <sub>2</sub> Og _____ HGG	Pressure: _____ PSIG/in W.C.
_____	Knock Out Tank Options:	Other System Options:
Deciding Criteria for Purchasing System:	<input type="checkbox"/> Sight level gauge	<input type="checkbox"/> Vacuum gauge
_____	<input type="checkbox"/> Level switch (high)	<input type="checkbox"/> Vacuum switch
_____	<input type="checkbox"/> Transfer Pump*/Controls	<input type="checkbox"/> Temperature gauge (High)
Chemicals Of Concern On Site:	<input type="checkbox"/> Temperature switch	<input type="checkbox"/> Temperature switch (High)
Contaminant Types _____ Vapor Concentrations % _____	<input type="checkbox"/> CFM flow gauge	<input type="checkbox"/> Pressure gauge
_____	<input type="checkbox"/> Hour meter	<input type="checkbox"/> Pressure switch (High)
_____	Miscellaneous Comments: _____	<input type="checkbox"/> Discharge check valve
_____	_____	Miscellaneous Comments: _____
Clean-up Criteria/Objectives: _____	_____	_____
_____	_____	_____
_____	*See water treatment form	Note: Integrated system packages require engineering specifications to be submitted to Geotech.