

Leachate Recovery Form

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	
	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	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: _____ Leachate Conditions: Temp _____ TDS _____ pH _____ TSS _____ Hardness _____ H ₂ S _____ Iron _____ DO _____ Salinity _____ Clean-up Criteria/Objectives: _____ _____	Electrical Classification Required: _____ Site Power Availability: _____ Volts _____ Phase _____ Hz _____ Amps 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 Leachate Pumped To: <input type="checkbox"/> Holding tank <input type="checkbox"/> Water treatment system <input type="checkbox"/> Other _____ Does system require automatic tankfull shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Wells used for methane recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No Liquid level controls required? <input type="checkbox"/> Yes <input type="checkbox"/> No Wheeled shroud required? <input type="checkbox"/> Yes <input type="checkbox"/> No Are wells vertical? <input type="checkbox"/> Yes <input type="checkbox"/> No Are wells diagonal? <input type="checkbox"/> Yes <input type="checkbox"/> No Pipe angle _____ Pipe Type/Schedule: _____	Total Number of Recovery Wells: _____ Product Recharge Rate: _____ gpm Desired Pumping Rate: _____ gpm Wells to be manifolded into main discharge trunk line? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much pressure is required to overcome trunk line pressure? _____ psi Total Dynamic Head: _____ ft.			
		Well I.D.	Casing Dia. (in.)	Static Fluid Level	Total Depth