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DATE	
QUOTE #	
ORDER #	

CUSTOMER INFORMATION	
Name:	
Title:	
Company:	
Address:	
Phone:	FAX:
E-mail:	

SITE INFORMATION	
Site Name:	
Type of Landfill	<input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Other:
Project Ref.:	
Company:	
Address:	
Phone:	FAX:

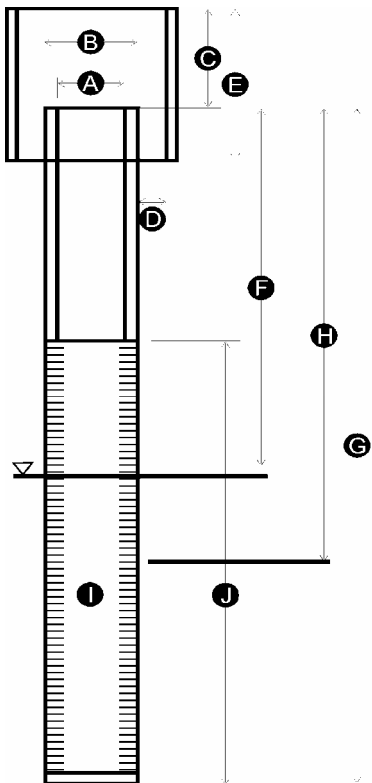
OPTIONAL SENSORS	
<input type="checkbox"/> Air Pressure	<input type="checkbox"/> Vacuum
<input type="checkbox"/> Pump Cycle Counter	<input type="checkbox"/> Well Fluid Level

FLUID REMOVAL PURPOSE	
<input type="checkbox"/> Condensate Removal from Methane Lines	
<input type="checkbox"/> Leachate Level Reduction / Control	

FLUID INFORMATION IF APPLICABLE						
Product Name or CAS Number	Concentration	Kynematic Viscosity	Specific Gravity	LNAPL	DNAPL	Dissolved
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WELL DATA

Number of Wells



Please note any special characteristic on illustration above

WELL ID NUMBER			
A . Well casing ID (mm)			
A1. Well casing ID at location of equipment (mm)			
B. Well Casing OD (mm)			
Casing Material and Schedule			
C. Well casing to top outer/vault casing (mm)			
D. Outer casing/vault to well casing (mm)			
E. Outer casing/vault depth (mm)			
F. Depth to top of static fluid (m)			
G. Depth of the Well / Sump (m)			
H. Desired Final Drawdown Level (m)			
I. Desired Fluid Removal Rate (LPM)			
J. Screen Length (m)			
• pH of the Fluid			
• Temperature of the Fluid in the Well (°C)			
• Solids in Suspension (Yes/No)			
• Galvanic Currents in the Well (Yes/No)			
• Well Angle off Vertical (° or %)			
• Exhausting INside or OUTside the Well?			
• Well Under Vacuum (mm Hg or mm H2O)			
• Elevation Above Sea Level (mm)			
• Existing Discharge Line Pressure (bar)			
• Any known material degradation (Yes/No)			

Please provide a site layout sketch with: a) Location of each well by ID number; b) Location of air source; c) Distances and scales
d) Location of fluid tank (indicate vertical lift if any); e) Proposed ID of air supply header; f) Proposed ID of fluid discharge header

THE INFORMATION PROVIDED ON THIS FORM WILL BE KEPT CONFIDENTIAL BY QED/CEE