

DATE
 QUOTE #
 ORDER #

CUSTOMER INFORMATION	
Name:	<input type="text"/>
Title:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Phone:	FAX:
E-mail:	<input type="text"/>

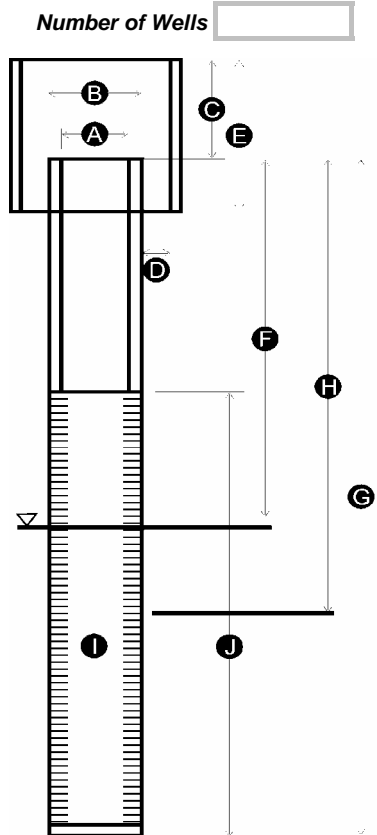
SITE INFORMATION	
Site Name:	<input type="text"/>
Type of Landfill	<input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Other:
Project Ref.:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Phone	FAX:

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WELL DATA



Please note any special characteristic on illustration above

WELL ID NUMBER			
A . Well casing ID (in)			
A1. Well casing ID at location of equipment (in)			
B. Well Casing OD (in)			
Casing Material and Schedule			
C. Well casing to top outer/vault casing (in)			
D. Outer casing/vault to well casing (in)			
E. Outer casing/vault depth (in)			
F. Depth to top of static fluid (ft)			
G. Depth of the Well / Sump (ft)			
H. Desired Final Drawdown Level (ft)			
I. Desired Fluid Removal Rate (GPM)			
J. Screen Length (ft)			
• pH of the Fluid			
• Temperature of the Fluid in the Well (°F)			
• 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 (in Hg or in H2O)			
• Elevation Above Sea Level (ft)			
• Existing Discharge Line Pressure (psi)			
• 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