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Fax filled form back to:  
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**SITE EVALUATION FORM: EHC-O®**

**Note: For O-Sox™ criteria, see Appendix as well**

1. **NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_
2. **COMPANY** \_\_\_\_\_
3. **E-MAIL** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

4. **SITE DETAILS**

Site Location \_\_\_\_\_  
Site Description (e.g. historical site use, buildings on site, source of contamination, current remediation activities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Please Attach** – Site maps, containing water table data, contaminant data, and any other maps available.

5. **SITE GEOLOGY**

Description of top geologic unit \_\_\_\_\_ General Thickness \_\_\_\_\_  
Description of 2<sup>nd</sup> geologic unit \_\_\_\_\_ General Thickness \_\_\_\_\_  
Description of 3<sup>rd</sup> geologic unit \_\_\_\_\_ General Thickness \_\_\_\_\_  
Description of 4<sup>th</sup> geologic unit \_\_\_\_\_ General Thickness \_\_\_\_\_

6. **CONTAMINATED AQUIFER CHARACTERISTICS** (for more than one unit, attach characteristics)

Hydraulic Gradient \_\_\_\_\_ Hydraulic Conductivity \_\_\_\_\_  
Vertical Hydraulic Gradient \_\_\_\_\_ Vertical Hydraulic Conductivity \_\_\_\_\_  
Effective Porosity \_\_\_\_\_ Linear Groundwater Velocity \_\_\_\_\_  
Which geologic unit is it? \_\_\_\_\_

**Note: Please Attach** - All lithologic logs and construction logs of monitoring wells in plume area if available.

6. **SOURCE ZONE**

Width of Source Zone \_\_\_\_\_ Length of Source Zone \_\_\_\_\_  
Depth to Top of Source Zone \_\_\_\_\_ Thickness of Source Zone \_\_\_\_\_  
Depth to Water Table \_\_\_\_\_ Depth to Bedrock \_\_\_\_\_  
What are the primary contaminants of concern? \_\_\_\_\_  
Is there pure phase product on site? If so, which contaminant(s)? \_\_\_\_\_

**Note: Please Attach** – Lithologic cross section through source zone at right angles, if available.

**Note: Please Attach** – Groundwater and soil contaminant analyses from the source zone, if available.

7. **PLUME**

Width of Plume \_\_\_\_\_ Length of Plume \_\_\_\_\_  
Depth to Top of Plume \_\_\_\_\_ Thickness of Plume \_\_\_\_\_  
Depth to Water Table \_\_\_\_\_  
What are the primary contaminants of concern? \_\_\_\_\_

**Note: Please Attach** – Lithologic cross section through plume at right angles, if available.

**Note: Please Attach** – Groundwater and soil contaminant analyses from monitoring wells in plume, if available.

8. **AIM OF REMEDIATION:** Total Clean-up\_\_\_ Plume Containment \_\_\_ Hot Spot Remediation \_\_\_\_\_

How did you hear about us? (please circle): Professional referral, Print advertisement, Conference / Event, Other \_\_\_\_\_

**Please email this form to [info@Adventus.us](mailto:info@Adventus.us), or via fax at 815-235-3506  
For a complementary Conceptual Design and Preliminary Cost Estimate**

**APPENDIX**



1. **How many wells do you have?** \_\_\_\_\_
2. **What is their diameter?** \_\_\_\_\_
3. **What is the length of screened interval (from x ft to y ft below ground surface)** \_\_\_\_\_
4. **What is the depth to groundwater (also in ft below ground surface)** \_\_\_\_\_