

REMEDIATION SITE ASSESSMENT FORM

Date: _____

FAX the form back to Durham Geo Slope Indicator • Fax: 1-770-465-7447

CUSTOMER INFORMATION

Company: _____
 Phone: _____ E-Mail: _____ Fax: _____
 Contact: _____ Title: _____
 Street Address _____
 City: _____ State: _____ Zip Code: _____

SITE INFORMATION

Site Location: _____ Job Reference #: _____

RECOVERY METHOD

- Total Fluids Dissolved Product Leachate Gas Condensate LNAPL/DNAPL Dual Pump Other
 Solar Sparge Solar Vent Solar NAPL

WELL INFORMATION

Number of Wells: _____ (If site has more than 12 wells Complete this section on another form and submit it.) Comments: _____

	1	2	3	4	5	6
Well Identification:						
Well Diameter (ID): in or cm						
Total Well Depth: ft or m						
Product/Water Depth: ft or m						
Product Thickness: in or cm						
Water Table Rise/Fall ft or m						
Seasonal / Tidal:						

PRODUCT INFORMATION

Type of Product:						
Product Viscosity: SSU						
Discharge Head: ft or m						
Expected Flow Rate:						
Gallons Per D/H/M						

Comments: _____

AIR INFORMATION

Distance to Air Source: ft or m						
Air Supply Line (ID): in or mm						
Discharge Hose (ID): in or mm						
Dist. to Recovery Tank: ft or m						
Air Compressor: CFM or m ³ /hr.						
Filtration on Compressor: Yes or No						

Comments: _____

OTHER

Special Site Conditions: _____

Delivery Date
Required: _____

Site Plan Available: Yes No Bidding Phase: _____