

# Dedicated Electric Sampling System

|                            |   |                           |               |                                     |   |   |
|----------------------------|---|---------------------------|---------------|-------------------------------------|---|---|
| <b>Geotech Use Only</b>    | Quote By: _____<br>Quote #: _____<br>Quote Date: _____<br>Sales Order #: _____<br>Sales Date: _____ | <b>CLIENT INFORMATION</b> |               |                                     | On Account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Account Pending | <b>QUOTATION TYPE</b>   |
|                            | Customer # _____  |                           |               | <input type="checkbox"/> CA/TS Sent | <input type="checkbox"/> Budgetary  |   |
|                            | Company Name: _____   |                           |               | Date: _____                         | Est. Budget \$ _____  |   |
|                            | Address: _____  |                           |               | Phone: _____                        |   | <input type="checkbox"/> Hard Bid <input type="checkbox"/> Proposal |
|                            | City: _____   |                           | State: _____  | Zip: _____                          | Fax: _____  |   |
|                            | Contact Name: _____   |                           |               | Title: _____                        |   | <input type="checkbox"/> Already Awarded                            |
| Alternative Contact: _____ |   |                           | E-Mail: _____ |                                     | Needed By: ____/____/____   |   |
|                            |   |                           |               |                                     | Award By: ____/____/____  |   |
|                            |   |                           |               |                                     | Install By: ____/____/____  |   |

| GENERAL SITE INFORMATION   | PUMPING SYSTEM TYPE  | ACCESSORIES & WELL DATA   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|----------------|---------------------|--|--|-----------|-------------------|---------------|----------------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Site Name:</b> _____<br><b>Site Location:</b> City _____ State _____<br><b>Site Elevation:</b> _____ ft./AMSL<br><b>Engineering specifications available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Funding Source:</b> <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Other<br><b>Other parties involved in review/decision making process:</b><br>_____<br>_____<br><b>Deciding Criteria for Purchasing System:</b><br>_____<br>_____<br><b>Total Number of Wells and Type:</b><br>2" _____ 4" _____ 6" _____ Other _____<br><b>Well Pipe Schedule:</b> <input type="checkbox"/> 40 <input type="checkbox"/> 80 <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel<br><b>Site Monitoring Schedule:</b><br><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annualy <input type="checkbox"/> Other _____<br><b>Chemicals Of Concern On Site:</b><br>Contaminant Types _____ Concentrations % _____<br>_____<br>_____ | <b>Pump Type:</b><br><input type="checkbox"/> Geotech _____ 12V DC<br><input type="checkbox"/> Grundfos RediFlo2<br><input type="checkbox"/> Grundfos RediFlo3*<br><input type="checkbox"/> Grundfos RediFlo4<br><b>Motor Lead:</b><br><input type="checkbox"/> All-in-one (RF2)<br><input type="checkbox"/> ETFE STD – (RF2)<br><input type="checkbox"/> PTFE twisted<br><input type="checkbox"/> PTFE jacketed<br><input type="checkbox"/> Santoprene twisted<br><input type="checkbox"/> Santoprene jacketed<br><b>Controls:</b><br><input type="checkbox"/> Geotech 12V DC Controller<br><input type="checkbox"/> Grundfos VFD<br><input type="checkbox"/> Grundfos CO 300 Status Box (RF3)<br><input type="checkbox"/> Grundfos R100 Remote (RF3)<br><b>Well Cap:</b><br><input type="checkbox"/> Slip fit<br><input type="checkbox"/> Well seal<br><input type="checkbox"/> Flush mount<br><input type="checkbox"/> Landing plate<br><b>Georeel Pump System</b><br><input type="checkbox"/> Hand reel with pump caddy<br><input type="checkbox"/> Hand reel with pump caddy and collector assembly<br><input type="checkbox"/> Portable reel with pump caddy<br><input type="checkbox"/> Portable reel with center collector and center discharge<br><input type="checkbox"/> Portable reel with electric rewind<br><input type="checkbox"/> Portable reel with electric rewind, center collector and center discharge<br>*ETFE twisted cable kit standard for RF3<br><b>Tubing:</b><br><input type="checkbox"/> Polyethylene<br><input type="checkbox"/> PVC Nylobraid<br><input type="checkbox"/> FEP lined poly<br><input type="checkbox"/> FEP<br><b>System Length</b> _____ | <b>Honda® Generators:</b><br><input type="checkbox"/> EB3000 <input type="checkbox"/> EG3500 <input type="checkbox"/> EM3800<br><b>VFD Extension Cord:</b> <input type="checkbox"/> RF2 <input type="checkbox"/> RF4<br><b>Cooling Shroud:</b> <input type="checkbox"/> RF2 <input type="checkbox"/> RF3 <input type="checkbox"/> RF4<br><b>Discharge Check Valve:</b> <input type="checkbox"/> RF2<br><b>Analytical Meters:</b> <input type="checkbox"/> pH <input type="checkbox"/> Cond <input type="checkbox"/> DO <input type="checkbox"/> ORP<br><input type="checkbox"/> Flow Cell<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">Well I.D.</th> <th style="width: 10%;">Casing Dia. (in.)</th> <th style="width: 10%;">SWL BTC (ft.)</th> <th style="width: 10%;">T.D. BTC (ft.)</th> <th style="width: 10%;">Recharge Rate (gpm)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                |                     |  |  | Well I.D. | Casing Dia. (in.) | SWL BTC (ft.) | T.D. BTC (ft.) | Recharge Rate (gpm) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Well I.D.  | Casing Dia. (in.)  | SWL BTC (ft.)   | T.D. BTC (ft.) | Recharge Rate (gpm) |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |   |                |                     |  |  |           |                   |               |                |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |