

# Water Treatment Systems

| <b>Geotech Use Only</b>   | Quote By: _____<br>Quote #: _____<br>Quote Date: _____<br>Sales Order #: _____<br>Sales Date: _____   | <b>CLIENT INFORMATION</b><br>On Account? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 50px;"><input type="checkbox"/> Account Pending</span><br>Customer # _____ <span style="margin-left: 50px;"><input type="checkbox"/> CA/TS Sent</span>  | <b>QUOTATION TYPE</b><br><input type="checkbox"/> Budgetary<br>Est. Budget \$ _____<br><input type="checkbox"/> Hard Bid <input type="checkbox"/> Proposal<br><input type="checkbox"/> Already Awarded<br>-----<br>Needed By: ____/____/____<br>Award By: ____/____/____<br>Install By: ____/____/____ |       |        |  |  |  |  |  |  |
|---|---|---|--|-------|--------|--|--|--|--|--|--|
|   | Company Name: _____   |   | Date: _____  |       |        |  |  |  |  |  |  |
|   | Address: _____  |   | Phone: _____   |       |        |  |  |  |  |  |  |
|   | City: _____   | State: _____  | Zip: _____   |       |        |  |  |  |  |  |  |
|   | Contact Name: _____   |   | Title: _____   |       |        |  |  |  |  |  |  |
|   | Alternative Contact: _____  |   | E-Mail: _____  |       |        |  |  |  |  |  |  |
| <b>GENERAL SITE INFORMATION</b>   | <b>PRODUCTS/FLUID BEING TREATED</b>   | <b>OIL/WATER SEPARATOR</b>  |  |       |        |  |  |  |  |  |  |
| Site Name: _____<br>Site Location: City _____ State _____<br>Site Elevation: _____ ft./AMSL<br>Engineering specifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Funding Source: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Other<br>Other parties involved in review/decision making process:<br>_____<br>_____<br>Deciding criteria for purchasing system:<br>_____<br>_____ | Please specify influent concentrations and desired/<br>permitted effluent concentrations in mg/l.<br>Contaminant:      Influent:      Effluent:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____   | Definition of "Oil" state types and brands of oil to be separated, attach MSDS if available: _____<br><b>Are there naturally settleable solids in the wastewater?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No ppm level _____<br><b>Characteristics of Oil:</b> Viscosity: _____ Poise @ _____ °F<br><b>Oil Quantity:</b> _____ % concentration by weight<br><b>Specific Gravity of Oil:</b> _____ <b>Water Carrier:</b> _____<br><b>Temperature of Waste Stream:</b><br>Max. _____ Min. _____ Avg. _____<br><b>Does system require vapor recovery?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |       |        |  |  |  |  |  |  |
| <b>General Water Quality Considerations:</b><br>Salinity _____ mg/l<br>Iron _____ mg/l<br>Calcium _____ mg/l<br>Manganese _____ mg/l<br>Hardness _____ mg/l<br>pH _____<br>Temperature _____<br>Other _____   | <b>AIR STRIPPER SYSTEMS</b>   | <b>GRANULAR ACTIVATED CARBON (GAC)</b>  |  |       |        |  |  |  |  |  |  |
|   | Electrical Classification Required: _____<br>_____<br><b>Site Power Availability:</b><br>_____ Volts _____ Phase _____ Hz _____ Amps<br><b>Controls:</b> <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 7 (XP) <input type="checkbox"/> By others <input type="checkbox"/> Remote<br><b>Design Influent Flow Rate:</b> _____ gpm<br><b>Effluent transfer pump required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Desired Flowrate:</b> _____ gpm<br><b>Total Dynamic Head:</b> _____ ft. | Type: _____ Size: _____ Qty: _____<br><b>Influent Flow:</b> _____ gpm <b>Pressure Rating:</b> _____ psi<br><b>Minimum Operating Temperature:</b> _____ °F<br><table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Inlet</th> <th style="padding: 5px;">Outlet</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table> <b>Transfer pump on/off sensor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>High pressure shut down?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Inlet | Outlet |  |  |  |  |  |  |
| Inlet   | Outlet  |   |  |       |        |  |  |  |  |  |  |
|   |   |   |  |       |        |  |  |  |  |  |  |
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