

## 1. Background Information

Site Information:

Site Name:

Site location (town/city/state):

Site owner/responsible party:

State regulatory agency overseeing the work:

Federal regulatory agency overseeing the work:

History of spill and remedial efforts at the site:

Environmental Consultant:

Name/Company/Phone Number:

Preferred proposal deadline:

Preference for a webinar with our technical experts where our evaluation will be presented (Y/N):

## 2. Remedy Options

Which remedial options are you currently considering?

	Yes	No	Comment/Focus:
Additional site characterization	<input type="text"/>	<input type="text"/>	<input type="text"/>
In situ bioremediation	<input type="text"/>	<input type="text"/>	<input type="text"/>
In situ chemical reduction	<input type="text"/>	<input type="text"/>	<input type="text"/>
In situ chemical oxidation	<input type="text"/>	<input type="text"/>	<input type="text"/>
In situ thermal treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ex situ thermal treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permeability enhancements	<input type="text"/>	<input type="text"/>	<input type="text"/>
Combination of the above methods (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Site Conditions and TTZ Definition

Dimensions of TTZ (Target Treatment Zone):

1. Treatment area footprint (length x width):
2. Depth or vertical treatment interval if not to ground surface:
3. Estimated treatment volume (cubic yards):

Site Cover/Surficial Conditions:

1. Cover Materials (Concrete, Asphalt, Grass, etc.):
2. Thickness:
3. Surficial Structures or Features (Buildings, high topographic relief):

Geology and Hydrogeology Descriptions:

Name of layer described	Geology layer/ soil type (e.g. "silty sand")	Top of layer [unit]	Bottom of layer [unit]	Location of groundwater table [unit]	Hydraulic conductivity [unit]	Hydraulic gradient	Seepage velocity in affected groundwater zones [unit]
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Please include maps where the target treatment zone(s) are clearly identified.

- \* Identify the treatment zone/zones [redacted]
- \* Include scale bar (verify that scale and quoted area match) [redacted]

Please include cross-section (s) that clearly define the target treatment zone:

- \* Show major layers [redacted]
- \* Show top and bottom of treatment interval [redacted]
- \* Identify source zones and plumes [redacted]

Please include Soil Resistivity (or conductivity) samples from each distinct unit being treated.

- \* Dynamic Resistivity Testing Results (Preferred) [redacted]
- \* Static Resistivity Testing Results [redacted]

Please also include relevant information regarding site access restrictions:

- \* Building footprints and/or clearance (identify locations on map) [redacted]
- \* Describe foundations and building type [redacted]

- \* Identified utilities present within the treatment zone (include map) [redacted]

- \* Do the business operations need to remain active during thermal implementation? [redacted]

- \* What type of operations are there within the business? [redacted]

- \* Can drilling and other related thermal remediation work be done inside the building? [redacted]

- \* Other general information pertinent to business operations and remediation [redacted]

- \* Other site restrictions [redacted]

Treatment Equipment (Vapor Phase/Liquid Phase):

- \* Please describe existing equipment at the site (include sizes if possible). [redacted]

#### 4. COCs and Objectives

What is the overall objective of the remedy?

Please list the contaminants of concern and their concentrations in the table below.

Chemical Name	Estimated Mass	Groundwater (mg/L)		Soil (mg/kg)	
	[unit]	Max Level Detected	Target Level	Max Level Detected	Target Level

#### 5. Additional Site Information

Utilities:

Utility	Size/Capacity	Usage Cost Per Unit	Comments
Electricity			
Gas			
Water			
POTW			