

DELTEX DIVING SERVICES

Date:

Marketer:

Page 1 of

Contact Data:

	Reservoir 1	Reservoir 2	Reservoir 3	Reservoir 4
Name or Designation	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Scope? Explain "other"	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

<input style="width: 100%; height: 60px;" type="text"/>	<input type="checkbox"/> Clean & Inspect <input type="checkbox"/> Inspect Only <input type="checkbox"/> Repairs <input type="checkbox"/> Walls <input type="checkbox"/> Other	<input type="checkbox"/> Clean & Inspect <input type="checkbox"/> Inspect Only <input type="checkbox"/> Repairs <input type="checkbox"/> Walls <input type="checkbox"/> Other	<input type="checkbox"/> Clean & Inspect <input type="checkbox"/> Inspect Only <input type="checkbox"/> Repairs <input type="checkbox"/> Walls <input type="checkbox"/> Other	<input type="checkbox"/> Clean & Inspect <input type="checkbox"/> Inspect Only <input type="checkbox"/> Repairs <input type="checkbox"/> Walls <input type="checkbox"/> Other
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Configuration. Explain "other" <input style="width: 100%; height: 60px;" type="text"/>	<input type="checkbox"/> OG ST/weld <input type="checkbox"/> OG ST/bolt <input type="checkbox"/> OG Concrete <input type="checkbox"/> BG Concrete <input type="checkbox"/> PBG Concrete <input type="checkbox"/> El Tower/legs <input type="checkbox"/> El Tower/ped	<input type="checkbox"/> OG ST/weld <input type="checkbox"/> OG ST/bolt <input type="checkbox"/> OG Concrete <input type="checkbox"/> BG Concrete <input type="checkbox"/> PBG Concrete <input type="checkbox"/> El Tower/legs <input type="checkbox"/> El Tower/ped	<input type="checkbox"/> OG ST/weld <input type="checkbox"/> OG ST/bolt <input type="checkbox"/> OG Concrete <input type="checkbox"/> BG Concrete <input type="checkbox"/> PBG Concrete <input type="checkbox"/> El Tower/legs <input type="checkbox"/> El Tower/ped	<input type="checkbox"/> OG ST/weld <input type="checkbox"/> OG ST/bolt <input type="checkbox"/> OG Concrete <input type="checkbox"/> BG Concrete <input type="checkbox"/> PBG Concrete <input type="checkbox"/> El Tower/legs <input type="checkbox"/> El Tower/ped
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Distance Between Sites	<input style="width: 100%; height: 20px;" type="text"/>
*Capacity (gallons)	<input style="width: 100%; height: 20px;" type="text"/>
*Floor (Dia or LxW) ft.	<input style="width: 100%; height: 20px;" type="text"/>
*Tank Depth ft.	<input style="width: 100%; height: 20px;" type="text"/>
*El Tower Overall Height	<input style="width: 100%; height: 20px;" type="text"/>
Supp. Columns-# & desc	<input style="width: 100%; height: 20px;" type="text"/>
Estimated Sediment (in)	<input style="width: 100%; height: 20px;" type="text"/>

Accessible – PU w/Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hatch Minimum 24"	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outside Ladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inside Ladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Berms/Baffles/Ledges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sed. Dispo on Ground	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filter Bags	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
De-Chlorination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Damages/Leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Raw Water Source	<input style="width: 100%; height: 20px;" type="text"/>
Last Time Cleaned	<input style="width: 100%; height: 20px;" type="text"/>
Who Cleaned/Insp. Last	<input style="width: 100%; height: 20px;" type="text"/>

When is Work Planned Quote for info only: Yes No

Job being Let Out for Bid Yes No Closing Date:

Others on Bid List, (w/\$)

Blprts/Spc. Inst. Rcvd?

Comments and/or Special Instructions (explain damages, leaks and other relevant information here)

DELTEX DIVING SERVICES

Date:

Marketer:

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Contact Data:

	Reservoir 1	Reservoir 2	Reservoir 3	Reservoir 4
Name or Designation	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Scope? Explain "other"

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Clean & Inspect | <input type="checkbox"/> Clean & Inspect | <input type="checkbox"/> Clean & Inspect | <input type="checkbox"/> Clean & Inspect |
| <input type="checkbox"/> Inspect Only | <input type="checkbox"/> Inspect Only | <input type="checkbox"/> Inspect Only | <input type="checkbox"/> Inspect Only |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Repairs | <input type="checkbox"/> Repairs | <input type="checkbox"/> Repairs |
| <input type="checkbox"/> Walls | <input type="checkbox"/> Walls | <input type="checkbox"/> Walls | <input type="checkbox"/> Walls |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Configuration. Explain "other"

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> OG ST/weld | <input type="checkbox"/> OG ST/weld | <input type="checkbox"/> OG ST/weld | <input type="checkbox"/> OG ST/weld |
| <input type="checkbox"/> OG ST/bolt | <input type="checkbox"/> OG ST/bolt | <input type="checkbox"/> OG ST/bolt | <input type="checkbox"/> OG ST/bolt |
| <input type="checkbox"/> OG Concrete | <input type="checkbox"/> OG Concrete | <input type="checkbox"/> OG Concrete | <input type="checkbox"/> OG Concrete |
| <input type="checkbox"/> BG Concrete | <input type="checkbox"/> BG Concrete | <input type="checkbox"/> BG Concrete | <input type="checkbox"/> BG Concrete |
| <input type="checkbox"/> PBG Concrete | <input type="checkbox"/> PBG Concrete | <input type="checkbox"/> PBG Concrete | <input type="checkbox"/> PBG Concrete |
| <input type="checkbox"/> El Tower/legs | <input type="checkbox"/> El Tower/legs | <input type="checkbox"/> El Tower/legs | <input type="checkbox"/> El Tower/legs |
| <input type="checkbox"/> El Tower/ped | <input type="checkbox"/> El Tower/ped | <input type="checkbox"/> El Tower/ped | <input type="checkbox"/> El Tower/ped |

Distance Between Sites

*Capacity (gallons)

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*Floor (Dia or LxW) ft.

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*Tank Depth ft.

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*El Tower Overall Height

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Supp. Columns-# & desc

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Estimated Sediment (in)

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- | | | | |
|---------------------------|--|--|--|
| Accessible – PU w/Trailer | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hatch Minimum 24" | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outside Ladder | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Berms/Baffles/Ledges | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sed. Dispo on Ground | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Filter Bags | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| De-Chlorination | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sprinklers | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Damages/Leaks | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Raw Water Source

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Last Time Cleaned

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Who Cleaned/Insp. Last

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Quote for info only: Yes No

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