



PROJECT QUESTIONNAIRE FORM

The purpose of this questionnaire form is to develop an accurate and effective design for the application of the BIOX[®] Process at this site. Upon receipt of this form, BMS, Inc. will issue a quote depicting the parameters for treatment.

Consultant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Contact(s): _____

Project Information

Project Name: _____

Project Location: _____

Prior Remedial Activities: _____

Site: Active Inactive

Necessary Information to Accurately Evaluate Site

- Site Map, Groundwater Contour Map, & Groundwater and/or Soil Plume Map
- Soil Boring and Monitoring Well Logs within Treatment Area
- Historical Analytical Tables (BTEX, VOC, TPH, TOC, DOC, and Heterotrophic Plate Counts) for Soil and Groundwater Contamination
- Photos (if available)

Contaminant Information

Contaminant(s): _____

Product(s) Released: _____

Source of Release: _____

(Continued)

Contaminated Media: Soil Smear Zone Groundwater
NAPL's Present: Yes No
Off-Site Contamination: Yes No
Biofeasibility Conducted: Yes No

Subsurface Parameters

Soil Type: _____
Saturated Zone (ft.): _____ Unsaturated Zone (ft.): _____

Depth to GW (ft.) While Drilling: _____ Static (ft.): _____
Historical Groundwater Fluctuations (ft.): _____
Areal Extent of Contamination (ft.): _____ to _____
Vertical Extent of Contamination (ft.): _____ to _____
Volume to be treated (yd³): _____

General Site Information

Paved: Yes No
Water: Yes No
Electricity: Yes No
Permits required: _____

Please use the following space provided to include any additional information necessary for the assessment of this site: _____

When Completed Please Mail, Fax, or E-mail To:
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