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License #790167

OZONE SPARGE UNIT QUESTIONNAIRE

Date _____

Company Name: _____

Contact Name: _____

Company Address: _____

Phone: _____

Fax: _____ E-mail: _____

Site Name: _____ Site Location: _____

Total ozone output required: _____ lbs/day

Number of In-situ Oxidation Points: _____ Air flow per sparge well: _____ ft³/minute

Type of power available: 120V _____ 240V _____ 480V _____ 3 Wire _____ 4 Wire _____

Single Phase _____ Three Phase _____

Depth of In-situ Oxidation Point from surface: _____ ft.

Depth of In-situ Oxidation Point from ground water level: _____ ft.

Type of ozone sparge unit enclosure: Mobile Trailer _____ Floor Mount: _____

Will the ozone sparge unit be rented: _____ leased: _____ purchased: _____

If rented or leased, estimated rental time? _____ Months

What are the site contaminants to be treated? _____

What are the concentration levels of the contaminants? * Please provide site analytical data.

What is the total contaminated plume volume? (Include ISO map) _____

What is the soil lithology for the site? (Include soil boring log) _____

Is there other natural oxygen demand present in the groundwater (Inorganic/Organic)? _____

If yes, what are the concentration levels? _____

Summary of the Site Cleanup Goals and Current Regulatory Program Status? _____

Summary of Budget Restrictions and Project Funding Sources/Financial Factors? _____

Estimated start date for ozone system? _____