



Professional Contractors in Site Remediation,
Decontamination and Waste Management

Request for Proposal

➤ Customer Information

- Name of Company: _____
- Address of Company: _____
- Name of Contact: _____
- Contact Phone #: _____
- Contact E-Mail: _____

➤ Site Information

- Address (City, State): _____
- Name of Facility
(If Applicable): _____

➤ Project Information (Please Check All that Apply)

- | | | | |
|-------------------------|--------------------------|-----------------------|--------------------------|
| ○ Storage Tanks | <input type="checkbox"/> | ○ System Installation | <input type="checkbox"/> |
| ○ Soil Remediation | <input type="checkbox"/> | ○ Vapor Mitigation | <input type="checkbox"/> |
| ○ Waste Removal | <input type="checkbox"/> | ○ Lab Pack | <input type="checkbox"/> |
| ○ Demolition | <input type="checkbox"/> | ○ Plant Services | <input type="checkbox"/> |
| ○ Decontamination | <input type="checkbox"/> | ○ Landfill Services | <input type="checkbox"/> |
| ○ Groundwater Treatment | <input type="checkbox"/> | ○ Mold Remediation | <input type="checkbox"/> |
| ○ Well Drilling/Probe | <input type="checkbox"/> | ○ Other | <input type="checkbox"/> |
| ○ In-Situ Injection | <input type="checkbox"/> | | |

- Scope of Work (Please Provide as Much Detail as Possible)

➤ Labor Restrictions (Please Check All that Apply)

- | | | | |
|---------------------------------------|--------------------------|---|--------------------------|
| <input type="radio"/> Prevailing Wage | <input type="checkbox"/> | <input type="radio"/> Standard Business Hours | <input type="checkbox"/> |
| <input type="radio"/> Union | <input type="checkbox"/> | <input type="radio"/> Evenings | <input type="checkbox"/> |
| <input type="radio"/> Open | <input type="checkbox"/> | <input type="radio"/> Weekends | <input type="checkbox"/> |

➤ Permits/Approvals (Please Check All that Apply)

- | | | | |
|--|--------------------------|--|--------------------------|
| <input type="radio"/> Construction/Demo. | <input type="checkbox"/> | <input type="radio"/> Wetlands | <input type="checkbox"/> |
| <input type="radio"/> Sidewalk Opening | <input type="checkbox"/> | <input type="radio"/> Stream Encroachment | <input type="checkbox"/> |
| <input type="radio"/> Street Closure | <input type="checkbox"/> | <input type="radio"/> Parking Restrictions | <input type="checkbox"/> |
| <input type="radio"/> Traffic Control | <input type="checkbox"/> | <input type="radio"/> Landfill Disruption | <input type="checkbox"/> |
| <input type="radio"/> On-Site Discharge | <input type="checkbox"/> | <input type="radio"/> Right-of-Way | <input type="checkbox"/> |
| <input type="radio"/> Soil Erosion Control | <input type="checkbox"/> | <input type="radio"/> Access Agreement | <input type="checkbox"/> |

➤ Access Issues (Please Check All that Apply)

- | | | |
|--|--------------------------|------------------------|
| <input type="radio"/> Outdoor | <input type="checkbox"/> | |
| <input type="radio"/> Indoor | <input type="checkbox"/> | Clearance: _____ |
| <input type="radio"/> Earthen Surface | <input type="checkbox"/> | |
| <input type="radio"/> Asphalt Surface | <input type="checkbox"/> | Thickness: _____ |
| <input type="radio"/> Concrete Surface | <input type="checkbox"/> | Thickness: _____ |
| <input type="radio"/> Other Surface | <input type="checkbox"/> | Please Describe: _____ |
| <input type="radio"/> Underground or
Overhead Utilities | <input type="checkbox"/> | Please Describe: |

Additional Details Please Describe:

➤ Access Issues (Please Check All that Apply) [*Continued*]

○ Structural Support Please Describe:

○ Dewatering Please Describe:

➤ Waste Stream Information (Please Check All that Require Disposal)

○ Bulk Liquid Please Describe:

○ Bulk Solid Please Describe:

○ Soil Please Describe:

○ Drums Please Describe:

○ Lab Waste Please Describe:

➤ Attachments (Please Check All that are Attached with This Request)

- Specifications
- Diagram(s)
- Photograph(s)
- Laboratory Data
- Waste Inventory
- Other

Please Describe:

➤ Dates/Deadlines (Please Check All that Apply)

- Scheduled Site Visit
- Can AWT Visit Site?
- Proposal Due Date

Please Identify: _____

➤ Any Additional Pertinent Information You Can Provide