PROJECT EVALUATION FORM

CONTACT INFORMATION:
Company Name: __________________________________ Company Contact: ________________________________
Company Address: ____________________________________________________________
Contact Phone Number: ________________________________ Contact Email: ________________________________

DESIRED REMEDIAL APPROACH:
☐ In-Situ Chemical Oxidation (ISCO) ☐ Surfactant Application ☐ Ex-Situ Blending ☐ In-Situ Blending
☐ In-Situ Chemical Reduction (ISCR) ☐ Enhanced Bioremediation ☐ PRB/Barrier Treatment
☐ Other __________________________

PLUME DATA:
Contaminant(s) of concern (e.g. BTEX, PCE) ________________________
Age of Plume ____________________ Approximate Size of Plume ________________________
Site Cleanup Objectives _____________________________________________
Have other remedial methods been used at the site? ☐ Yes ☐ No
If yes, please list what and date of last treatment __________________________
Source area dimensions (ft) ____________________________________________
Dissolved plume dimensions (ft) _________________________________________
Vertical Profile (ft) ______________________________
Size of desired treatment area (ft) _______________________________________
COCs maximum concentrations (mg/L or µg/L) ______________________________
COCs average concentrations (mg/L or µg/L) ________________________________
Is NAPL present? ☐ No ☐ Yes If yes, last date measured: __________________ Thickness (inches): _____________
Is contamination present in vadose zone soils? ☐ Yes ☐ No If yes, concentration: __________________
Is contamination present in saturated soils? ☐ Yes ☐ No If yes, concentration: __________________
GEOCHEMICAL PARAMETERS:

<table>
<thead>
<tr>
<th></th>
<th>Dissolved Oxygen (mg/L)</th>
<th>Oxidation Reduction Potential (mV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Iron (mg/L)</td>
<td>Total Manganese (mg/L)</td>
<td></td>
</tr>
<tr>
<td>Dissolved Iron (mg/L)</td>
<td>Dissolved Manganese (mg/L)</td>
<td></td>
</tr>
<tr>
<td>Nitrate/Nitrite (mg/L)</td>
<td>Sulfate/Sulfide (mg/L)</td>
<td></td>
</tr>
<tr>
<td>Methane (mg/L)</td>
<td>Ethene/Ethane (mg/L)</td>
<td></td>
</tr>
<tr>
<td>Alkalinity</td>
<td>pH</td>
<td></td>
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<tr>
<td>Chloride</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL DATA: (primarily needed for PRBs/barrier treatments)

Depth to groundwater (ft)

Annual groundwater fluctuation (ft)

Soil type(s)

Gradient and flow direction (ft/ft & direction)

Porosity (total and effective)(%)

Hydraulic conductivity (estimated or tested) (ft/day)

Seepage velocity (ft/day)

Total organic Carbon (TOC) (mg/kg)

Bulk density (lbs/yd)

ADDITIONAL INFORMATION:

- Site Map
- Tabulated analytical data that includes COCs for monitoring wells of interest
- Groundwater Contour Map & Plume Map
- Cross-sections (preferably with COCs concentrations)
- Boring logs and well construction information (for key wells only)

INCLUDED?

- Yes
- No

Is an upcoming field event being planned in which some or most of any missing information could be collected?  □ Yes  □ No

When do you need an estimate by?  ____________________________________________

Additional Comments  _______________________________________________________

Please return the form and supporting information to Ken Summerour at ken@edenremediation.com or fax it to 678-635-7380. You may contact us at 678-635-7360 with any questions. Thank you for your interest!