

GET, Inc.
Global EnviroScience Technologies
SUPER OXYGENATION OR CARBONATION PROJECT
INITIAL SURVEY FORM

Date _____

Customer Information:

Company Name _____

Contact Name, Title _____

Address _____

Telephone _____

Address _____

Fax _____

City _____

E-Mail _____

State/Province _____

Web Site URL: _____

Country _____

Type of Application: _____

Postal Code _____

Date Proposal Required: _____

Present Facility (If Any):

Description of Existing Facility, especially your filler, capper, and feed piping (Please attach sketch and full details as required.):

Problems with Existing Facility: (Please attach sketch and full details as required.):

Space Limitations for New Equipment (If Any):

Length: _____ Width: _____ Height: _____ Building Design Needed? _____

Plant Details

Ambient Indoor Temperatures: Average _____ Highest _____ Lowest _____

Altitude of Site _____

		Higher	Lower
Source Water distance from GET treatment equipment, Horizontal _____	Vertical _____	<input type="checkbox"/>	<input type="checkbox"/>
Product Delivery distance from GET treatment equipment, Horizontal _____	Vertical _____	<input type="checkbox"/>	<input type="checkbox"/>
Reject Disposal distance from GET treatment equipment, Horizontal _____	Vertical _____	<input type="checkbox"/>	<input type="checkbox"/>

(Please include a sketch of proposed installation site plan as attachment.)

Utilities Available

Power - Volts _____ Max. Amps _____ Phase _____ Cycles (Hz) _____ Air Pressure _____

Air CFM _____ Electricity Cost per kWh \$ _____ Must GET, Inc. supply power source? _____

Source of Process Water

Indicate water source: Seawater open ocean ___ Seawater beach well ___ Brackish Well ___ Potable Well ___
River ___ City Water ___ Natural Well or Spring ___ Reverse Osmosis Permeate ___ Distilled Water ___

Feed Water

Expected Feed Water Temperature: Average _____ Highest _____ Lowest _____
Expected Feed Water Pressure: Lowest at Full Flow _____ Highest at Zero Flow _____
Feed Supply Pump to be furnished by customer? _____ or by GET, Inc.? _____

Feed Water Analysis:

Please complete the table below or please attach a complete and detailed water analysis from your local lab (which includes all items requested).

pH	Turbidity	Color
BOD	COD	
PPM:	TDS	
Suspended Solids	Greases & Oils	
Calcium Ca	Bicarbonate HCO3	Silica SiO2
Magnesium Mg	Sulfate SO4	Chlorine
Sodium Na	Chloride CI	Carbonate CO3
Manganese Mn	Nitrate NO3	Iron Fe
Silica (SIO2)	Lead Pb	Copper Cu
	Mercury Hg	Arsenic As
Hardness GPG or mg/l	Conductivity ?mhos/cm	
Flow (gpm):	Plant Operation _____ hrs/day	

Supply full details of desired product water quality:

Bottle Sizes to be filled: ___ 350 ml ___ 500 ml ___ 750 ml ___ 1 Liter ___ 1.5 Liter ___ 2 Liter
Hourly Qty of each to be filled : _____
Daily Average Qty of each : _____

Hours per Shift of plant operation: _____ Number of shifts per day _____
Do you need bottle manufacturing equipment? _____
Small Bottle Sizes to be made: ___ 350 ml ___ 500 ml ___ 750 ml ___ 1 Liter ___ 1.5 Liter ___ 2 Liter
Hourly Qty of each to be made : _____
Daily Average Quantity of each size: _____

Timing of This Project:

Urgent, Immediate 1-4 Months
 5-12 Months Possible Future Consideration

GET ? Solutions to All Your Water Problems! SM

GET, Inc.

Global EnviroScience Technologies

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