

# ENGINEERING QUESTIONNAIRE

GENERAL CONTACT INFORMATION		
Client/Company Name		
Contact Name		
Title/Position		
Address		
Phone		
Country		
Mobile Phone		
Fax		
Email		
Web Site		
PROJECT INFORMATION		
Project/Facility Name		
Contact Name		
Title/Position		
Location Address		
Phone		
Country		
Mobile Phone		
Fax		
Email		
Requested Dates for Project Start/Stop		
Alternate Dates For Project Start/Stop		
INSPECTION		
Date:	Type of Inspection/Site Survey:	Approx Temp: Operating Other
PIPE INFORMATION		
<b>Municipal:</b>	<input type="checkbox"/> Sanitary (Gravity / Force Main)	<input type="checkbox"/> Storm <input type="checkbox"/> Water
<b>Private Sector:</b>	<input type="checkbox"/> Power <input type="checkbox"/> Mining <input type="checkbox"/> Refinery <input type="checkbox"/> Chemical <input type="checkbox"/> Process	<input type="checkbox"/> Other: _____
<b>CCTV/Video Available:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pipe In Service:</b>		
<b>Pipe Out of Service:</b>		
<b>Total/Section Length</b>		

<b>Drawing or Specification:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
<b>Type of Pipe New/Refurbished:</b>	
RCP <input type="checkbox"/> PCCP <input type="checkbox"/> HDPE <input type="checkbox"/> PVC <input type="checkbox"/> CARBON STEEL <input type="checkbox"/> DUCTILE IRON <input type="checkbox"/> SS <input type="checkbox"/> CS <input type="checkbox"/> VCP <input type="checkbox"/> CMP <input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER <input type="checkbox"/> : _____	
<b>Material Shape:</b> ROUND <input type="checkbox"/> BOX <input type="checkbox"/> ELLIPTICAL <input type="checkbox"/> DIMENSIONS: _____(w) x _____(h) OVAL <input type="checkbox"/> (% of Ovality): _____ (Percentage Change of Vertical Deflection over Mean ID of Pipe) <input type="checkbox"/> Other: _____	
<b>Thickness of Original Pipe</b> (_____in) <b>(Determine if Partial or Fully Deteriorated)</b>	
<b>Current Thickness:</b> (_____in) <input type="checkbox"/> Partially Deteriorated <input type="checkbox"/> Fully Deteriorated	
<b>Application Internal/External:</b>	
<b>Load:</b> Depth of fill from invert in feet: Access End (____ft.) Retraction End (____ft.)	
<b>Diameters:</b>	
<b>Design:</b> CURVES/RADIUS <input type="checkbox"/> JOINTS <input type="checkbox"/> ELEVATIONS <input type="checkbox"/> TEES <input type="checkbox"/> INSERTION FERRULES <input type="checkbox"/> TAPER SECTIONS <input type="checkbox"/> FLANGES <input type="checkbox"/> VALVES <input type="checkbox"/> OTHER <input type="checkbox"/> :	
<b>Type of Fill:</b> <input type="checkbox"/> Clay <input type="checkbox"/> Sand <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other: _____	
<b>Soil Compensation Percentage (100%, 90%, 80%:</b>	
<b>Density of Soil (lb/ft<sup>3</sup>):</b>	
<b>External Live Load Bearing:</b> <input type="checkbox"/> Highway <input type="checkbox"/> Railroad <input type="checkbox"/> Airplanes <input type="checkbox"/> Other	
<b>Approx. Surrounding Water Table:</b> (Depth in Feet):	
<b>Access:</b> Manholes: (Depth:____ft. / Diameter:____ft.) Chimney: (Dia____ft. / Length: ____ft) Ring: (Dia.____") Pipeline Intrusions Flush? <input type="checkbox"/> Yes <input type="checkbox"/> No If protrusion: _____in. Bench? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Flanged Valve Removal <input type="checkbox"/> Flanged Pipe Spool Removal <input type="checkbox"/> Weld/Re Weld Access Points By Others? <input type="checkbox"/> Yes <input type="checkbox"/> No Excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No Trench Boxes Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Approx Distance Between Access Points (_____ft).	

<b>Pipe Defects:</b> Cracks: <input type="checkbox"/> Longitudinal <input type="checkbox"/> Radial <input type="checkbox"/> Lateral Intrusions more than 3/4" <input type="checkbox"/> Dip Length (____in) <input type="checkbox"/> Holes: Diameter (____in) <input type="checkbox"/> Corrosion <input type="checkbox"/> Erosion Other: _____	Joints: <input type="checkbox"/> Separation (____in) <input type="checkbox"/> Offset (____in) <input type="checkbox"/> Sprawls (Diameter ____in) <input type="checkbox"/> (Depth ____in)
<b>Inflow/Infiltration:</b> <input type="checkbox"/> Joints <input type="checkbox"/> Cracks <input type="checkbox"/> Other: Type of Infill: <input type="checkbox"/> Dampness <input type="checkbox"/> Weepers <input type="checkbox"/> Streams Approx GPM____ Effluent Type: _____	
<b>EFFLUENT</b>	
<b>Type (Be specific) Gas/Water/Oil/ Other:</b>	
<b>GPM:</b> _____ <b>% of Capacity:</b> _____ <b>Time of Day Fluctuations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	



**Air Supply Available (is there site compressed air nearby and useable):**

**PSI:**

**Bar:**

**CFM:**

**(me/min):**

**(l/s):**

**Additional Comments or Concerns:**

**PROBLEM DESCRIPTION**

**Detailed Explanation:**

**Laterals**

Size:

Type:

How many in manhole to manhole run?

**Joints**

Distance between:

Type:

Max:

**Thickness of Original Pipe (Determine if Partial or Fully Deteriorated)**

**Additional Notes:**