



Please forward completed form to:  
 Stephens Environmental Consulting, Inc.  
 P.O. Box 485, North East, MD 21901  
 Phone: 302-286-0406

**ORDER INFORMATION**

(Check appropriate boxes below)

<b>Purchase Order Number:</b> _____	<b>Ordered By:</b> _____
<input type="checkbox"/> Request For Proposal <b>Your Project/RFP Number:</b> _____	<b>Company:</b> _____
<input type="checkbox"/> Request for Quotation <b>Your Project/RFP Number:</b> _____	<b>Phone Number:</b> _____
<input type="checkbox"/> Rush Proposal <b>Deadline for Submission:</b> _____	<b>Fax Number:</b> _____
<input type="checkbox"/> Rush Service <b>Deadline for Completion:</b> _____	<b>E-mail:</b> _____

**TYPE OF SERVICE(S) REQUESTED**

<input type="checkbox"/> Phase 1 Environmental Site Assessment	<input type="checkbox"/> Radon Testing	<input type="checkbox"/> Phase 2 ESA <sup>(1)</sup>
<input type="checkbox"/> Transaction Screen	<input type="checkbox"/> Drinking Water Testing	<input type="checkbox"/> LUST Investigation <sup>(1)</sup>
<input type="checkbox"/> Lead Based Paint Inspection	<input type="checkbox"/> Wetland Delineation/Services	<input type="checkbox"/> Water Resources/Appropriation <sup>(1)</sup>
<input type="checkbox"/> Asbestos Survey	<input type="checkbox"/> Wetland Mitigation/Construction	<input type="checkbox"/> Remediation Management <sup>(1)</sup>
<input type="checkbox"/> PCB/Transformer Sampling <sup>(1)</sup>	<input type="checkbox"/> Infiltrometer Tests	<input type="checkbox"/> Site Mapping <sup>(1)</sup>
<input type="checkbox"/> Construction Review	<input type="checkbox"/> Air Monitoring	<input type="checkbox"/> Ground Water Sampling
<input type="checkbox"/> Brownfield Evaluation	<input type="checkbox"/> Brownfield Redevelopment Feasibility Study	
<input type="checkbox"/> Other <sup>(1)</sup>		

<sup>(1)</sup> Briefly Describe Service Requested: \_\_\_\_\_

**OWNER INFORMATION**

<b>Owner:</b>	<b>Contact Name:</b>
<b>Address #1:</b>	<b>Company:</b>
<b>Address #2:</b>	<b>Title:</b>
<b>City:</b>	<b>Tel. (work):</b>
<b>State:</b>	<b>Tel. (home):</b>
<b>Zip:</b>	<b>Tel. (Fax):</b>
<b>Country:</b>	<b>E-mail:</b>

**BILL TO:**

<b>Client Name:</b>	<b>Contact Name:</b>
<b>Address #1:</b>	<b>Company:</b>
<b>Address #2:</b>	<b>Title:</b>
<b>City:</b>	<b>Tel. (work):</b>
<b>State:</b>	<b>Tel. (home):</b>
<b>Zip:</b>	<b>Tel. (Fax):</b>
<b>Country:</b>	<b>E-mail:</b>

**PROPERTY LOCATION**

<b>Name:</b>	<b>County:</b>
<b>Address #1:</b>	<b>Tax Parcel No.:</b>
<b>Address #2:</b>	<b>ADC Map/Block #:</b>
<b>City:</b>	<b>Nearest Intersection:</b>
<b>State:</b>	<b>Zoning:</b>
<b>Zip:</b>	<b>Current Use:</b>
<b>Latitude:</b>	<b>Longitude:</b>

**PROPERTY DESCRIPTION**

(complete as applicable)

Land Area (Acres): \_\_\_\_\_ Approx. Wooded Area (Acres): \_\_\_\_\_  
 Total Number of Buildings: \_\_\_\_\_ Approx. Total Open Area (Acres): \_\_\_\_\_  
 Total Footpring Area (all Bldgs): \_\_\_\_\_ Approx. Age of Oldest Structure On Site: \_\_\_\_\_  
 Total Number of USTs/ASTs: \_\_\_\_\_ Approx. Age of Oldest UST On Site: \_\_\_\_\_

**BUILDING DESCRIPTIONS**

Building	Footprint Area	No. of Floors	Age/Year Built	Fuel for Heat	Occupied/Vacant
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

**UNDERGROUND AND ABOVE-GROUND STORAGE TANKS**

UST/AST	Size (gallons)	Contents	Age/Year Installed	Registered			In Service	
				No	Yes	#	No	Yes
1)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**HAZARDOUS SUBSTANCE INVENTORY**

UST/AST	Size (gallons)	Contents	Age/Year Installed	Registered			In Service	
				No	Yes	#	No	Yes
1)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10)				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>