



Please forward completed form to:
 Stephens Environmental Consulting, Inc.
 P.O. Box 485, North East, MD 21901
 Phone: 302-286-0406
 Fax: 410-658-7298

ORDER INFORMATION

(Check appropriate boxes below)

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

TYPE OF SERVICE(S) REQUESTED

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

⁽¹⁾ Briefly Describe Service Requested: _____

OWNER INFORMATION

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

BILL TO:

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

PROPERTY LOCATION

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

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"/>