

Solid Waste Application

Questionnaire

1. **Contact information:** **Contact name:** NAME

**Company/firm:**  COMPANY

**Address:** ADDRESS

**Telephone:** PHONE NUMBER.

**Fax:** FAX NUMBER

**Email:** EMAIL ADDRESS

**2. Relationship of inquirer to the project:** Choose inquirer’s relationship to project:

**3. Experience of inquirer with Incineration Equipment:** Choose experience level:

**4. Type of project:**  Choose a project type:

**5. Location of project:** If outside of the USA, please advise nearest port of entry – click to type here

**6. Composition of the waste stream:**  Be as specific as possible - Click to type here

**7. BTU value of waste being incinerated if known?** Click here to enter text.

**8. Volume of waste:** Enter number Choose a value:

**9. Desired frequency and duration of operation:** Enter duration of operation:Choose duration of use:

Enter frequency of operation:Choose Frequency:

**10. Specific emissions requirements:** Click here to enter text.

**11. Available fuel:**  Diesel:  Natural Gas  LPG:

**12. Available electrical service:**

Voltage: Click here to enter Frequency: 50 Hz  60 Hz  Phase: One-Phase  Three-Phase  PHASE: Choose

**13. Status of project:**  Choose an item.

**14. Time frame for acquisition of equipment for project:**  Choose timeframe:

**15. Scope of supply sought:** Choose scope:

**16. Additional comments:**

Click here to enter text.

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