

INFORMATION SHEET FOR JOB REQUESTS

Prospective clients please fill this form out in its entirety and fax back to us. The more information we have, the better we can provide you with a quote.

Date: _____ Job Location Exact Street Address: _____

Contact: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Company Name and Address: _____

Bidding on job: _____ or Confirmed Job: _____ Bid Due Date: _____ Job Start Date: _____

Describe Job: _____

of Holes _____ Diameter _____ Soil Depth _____ Rock Depth _____

of Holes _____ Diameter _____ Soil Depth _____ Rock Depth _____

of Holes _____ Diameter _____ Soil Depth _____ Rock Depth _____

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of Holes _____ Diameter _____ Soil Depth _____ Rock Depth _____

of Holes _____ Diameter _____ Soil Depth _____ Rock Depth _____

Prevailing Wage Project:	Yes:	No:	If yes, please provide applicable rates.
Is this a Union job:	Yes:	No:	

Geotechnical Report Available:	Yes:	No:	If no, please provide assumed conditions.
Elevation at Boring?			Beginning of Drilling Elevation?
PD, to Supply Perm Steel Casing:	Yes:	No:	
Who will pull Temp Casing:	PD	GC	
PD, to Supply Concrete:	Yes:	No:	If yes, please provide mix design and cubic yards.
PD, to Install Concrete: Mix Design:	Yes:	No:	If yes, please provide specifications.
Approval for Mix Design:	Yes:	No:	
PD, to Supply Rebar:	Yes:	No:	If yes, please provide specifications and drawings.
Setting of Anchor Bolts:	Yes:	No:	
Tolerance of Anchor Bolts:			
PD to set H Beam?	Yes:	No:	Exact Weight:
PD to set Pole Base	Yes:	No:	Exact Weight:
Level:	Yes:	No:	If no, please provide the degree of sloping.
Stoned:	Yes:	No:	If no, please provide site conditions.
Structure Less Than 10' from Hole:	Yes:	No:	Provide drawing!
Space to Park Our Rig on Site:	Yes:	No:	If yes, please provide address/site information.
Holding Yard Address:			
Overhead Obstructions on Site:	Yes:	No:	Exact overhead usable clearance
Sufficient Clearance for:	(Circle)		TRUCK Mount -or- TRACK Mount
Can PD Equipment Stay on site?	Yes:	No:	If no, when must it be moved?
Water Available on Site:	Yes:	No:	What type of water source?
Normal Working Hours:	Yes:	No:	
Is Lane Closure Required:	Yes:	No:	
If so, what are actual working Hrs:			
Haz Mat jobsite/OSHA course required:	Yes:	No:	Indicate OSHA Hrs. Requirements
If multiple caissons, how far apart:			
Has any excavation been done at this location?	Yes:	No:	
Is a Release of Liens required by the owner for All Vendors and Subcontractors?	Yes:	No:	
Any Additional Requirements:	Yes:	No:	If yes, please provide detailed information:

Name: _____ Signature: _____ Date: _____