

ULTRASPEC
6855 Industrial Parkway
Hudson, Ohio 44236-1158

RECLAMATION FEASIBILITY SAMPLE DATA

DATE RECEIVED: _____
SALESMAN: _____
SAMPLE NUMBER: _____

COMPANY: _____
NAME DIVISION

ADDRESS: _____
STREET P.O. BOX

CITY COUNTY STATE ZIP CODE

CONTACT: _____
NAME TITLE DEPARTMENT

PHONE NUMBER: _____
AREA CODE - NUMBER - EXTENSION E-MAIL ADDRESS FAX NUMBER

"PRODUCT INFORMATION"

PRODUCT: _____
BRAND NAME MANUFACTURER

SAMPLE INFO: Used Sample _____ taken from _____
AMOUNT

FINISHED PRODUCT REQUIRED: _____

NEW SAMPLE SUPPLIED _____
AMOUNT

SPECIFICATIONS SUPPLIED _____

PRODUCT QUANTITY REQUIREMENT BULK _____
AMT PER TIME PERIOD

TANKS _____
AMT PER TIME PERIOD

DRUMS _____
AMT PER TIME PERIOD

SPECIAL AIDS REQUIRED: MILLIPORE TEST SAMPLE TEST TUBE SAMPLES

COMMENTS:

DATE REQUIRED: _____ DATE APPROVED: _____

SUBMITTED BY: _____

APPROVAL: _____

