

**PUMP SITE INFORMATION FORM (GEOSENSE)**

CUSTOMER	
CONTACT	
ADDRESS	
TEL	
FAX	
SITE NAME	

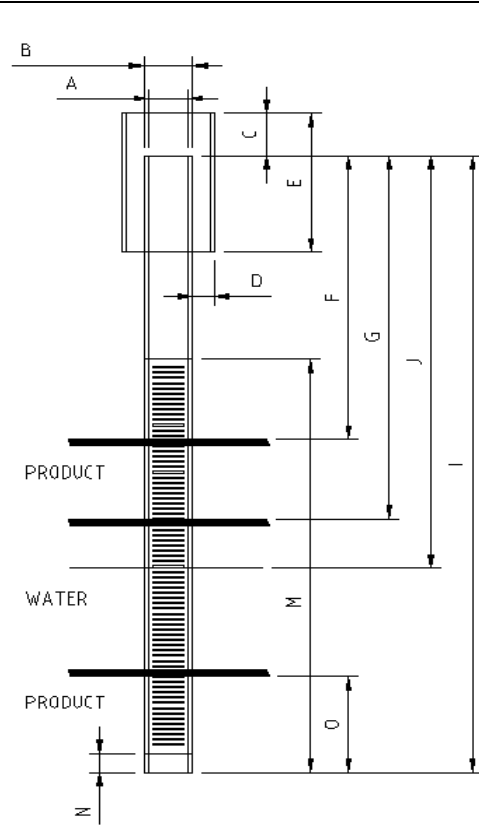
QUOTATION No	

**MGS QUALITY PROCEDURE**  
 Form No MGS/QF/049  
 ISS. 1  
 DATE 04/01/2008  
 SIG. SKH

DATE :	
COMPLETED BY :	

SHT OF

WELL DATA		1	2	3	4	5	6
WELL CASING I.D. (mm)	A						
WELL CASING O.D. (mm)	B						
CLEARANCE FROM TOP OF WELL CASING TO TOP OF OUTER CASING	C						
CLEARANCE OF OUTER CASING TO WELL CASING	D						
OUTER CASING DEPTH (M)	E						
DEPTH TO TOP OF PRODUCT (M)	F						
DEPTH TO TOP OF STATIC WATER (M)	G						
PRODUCT THICKNESS (mm)	H						
DEPTH OF WELL (M)	I						
DESIRED FINAL DRAWDOWN LEVEL (M)	J						
DESIRED WATER REMOVAL RATE (L/min)	K						
DESIRED PRODUCT REMOVAL RATE (L/day)	L						
SCREEN LENGTH (M)	M						
SUMP LENGTH (M)	N						
SINKING LAYER THICKNESS (mm)	O						
DESIRED SINKER REMOVAL RATE (L/day)	P						



<b>SENSORS REQUIRED</b>	
PRODUCT TANK	
OW SEPARATOR	
HIGH WATER IN WELL	
WATER TANK	

<b>FLUID EXTRACTION METHOD</b>	
TOTAL FLUIDS	
DISSOLVED/ AND OR SINKERS	
LEACHATE/CONDENSATE PUMPING	
PRODUCT ONLY	
DUEL PUMP (WATER & HYDROCARBON)	

<b>PRODUCTS BEING PUMPED</b>	
NAME	
CONCENTRATION	
VISCOSITY	
SpG	

COMMENTS



**FLOATER/SINKER**

Please provide a site layout sketch indicating the following:  
 Location of each well by ID No.  
 Location of air source (compressor)  
 Location/distances/sizes of supply & discharge runs.  
 Location of fluid tank.  
 Inside diameter of supply and discharge pipes