

El Dorado County
Air Quality Management District
 Soil Remediation System Supplemental Questionnaire

Business Name and Address: _____

Prepared by: _____ Date: _____

Type of System (check all that apply)	
<input type="checkbox"/> Dual-Phase Extraction	<input type="checkbox"/> Air Sparging
<input type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Catalytic Oxidization
<input type="checkbox"/> Granular Activated Carbon	<input type="checkbox"/> Thermal Oxidization
<input type="checkbox"/> Air Stripping	<input type="checkbox"/> Other _____

Equipment Description		
Equipment Type:		
Manufacturer:		
Model Number:		
Serial Number:		
Fuel(s) Used:		
Control Efficiency:		

Effluent Information						
Flow Rate (cfm):						
Expected Concentration of the Following (lb/day):						
TPHg	Benzene	Toluene	Ethyl benzene	Xylenes	MtBe	Total VOC's

Sample Calculations - Expected Effluent Concentrations