

Air-Knife Information Sheet

Billing Information

Firm: _____ Phone: _____
Project Name: _____ Fax: _____
Field Contact: _____ Field Phone: _____
Project #: _____ PO #: _____

Who should we contact regarding this form? _____

Job Information

Working Date(s): _____ Start Time: _____
Job Address: _____ City, State, Zip: _____
Site Features: _____
Holes: _____ Hole Diameter: _____ Hole Depth: _____
Soil Type: _____
Surface Type: Soil Concrete Asphalt Other: _____
Thickness of concrete/asphalt: _____
Backfill Requirements: None Bentonite Pea Rock Other: _____
Surface Completion: None Cold Patch Concrete Other: _____
Water On-site: Yes No Work-Hour Restrictions: _____
Traffic Control Needed? Yes No Drum, Stockpile Soil or other? _____
Will Stratus Corporation provide Traffic Control if required? Yes No
Will Stratus Corporation Provide Street Opening Permits if required? Yes No
Potential Contaminants: _____

Other Information: _____

If you have any questions or need to schedule work, contact Kristian Thordarson at 503-880-8599
This form can be completed electronically and emailed to k.thordarson@stratuscorp.net or printed
and faxed to me at 503.985.1953