



# PIPE LINING QUESTIONNAIRE

<b>PROJECT NAME:</b>					
<b>SITE ADDRESS:</b>					
<b>CLIENT:</b>	<i>Name</i>				
	<i>ADDRESS (city, state &amp; zip)</i>				
	<i>EMAIL</i>				
	<i>PHONE</i>				
	<i>DUE DATE</i>				
	<i>PREVAILING WAGE/UNION?</i>				
	<i>SALES TAX EXEMPT?</i>				
	<i>ANTICIPATED SCHEDULE</i>				
	<i>REASON FOR REHABILITATION</i>				
	<i>WORKING HOURS</i>				
<b>PIPE DETAILS:</b>	<i>DIAMETER</i>				
	<i>LENGTH</i>				
	<i>OPERATING PRESSURE</i>				
	<i>PIPE AGE</i>				
	<i>PIPE TYPE (CAST IRON, ETC.)</i>				
	<i>(PLEASE CHECK ONE)</i>	<b>POTABLE</b>	<b>SEWER</b>	<b>STORM</b>	<b>HVAC</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>ELBOWS IN PIPE? IF YES, PLEASE EXPLAIN</i>				
	<i>CURRENT PIPE CONDITION</i>				
<b>NOTES:</b>					
<b>FOR OFFICE USE ONLY:</b>		<b>USAGE:</b>			