



TURBIDITY CURTAIN QUESTIONNAIRE

In order that we may suggest the best Turbidity Curtain for your project we request that you please provide the following information.

Your Contact Information

Email Address: _____

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

What environment will the turbidity curtain be used in? Construction, Dredging, Runoff/Debris Control, other ?

What is the body of water the turbidity curtain to be placed in? Calm Lake/Pond, Moving Water/Stream, Near Shore/Open Water, other?

Water Conditions? Stagnant, Calm/slowly moving, Fast moving Downstream, Waves.

Prominent Wind Direction: _____

Average Wind Velocity: _____

Maximum Wind Velocity: _____

Water Depth Maximum: _____ Minimum: _____

Size Turbidity Curtain You Require:

Depth: _____ Length: _____

When do you expect to need the Turbidity curtain: _____

Installation Deadline: _____

Additional Information you believe to be important