

Floating Dock Inquiry Form



Project Information

Project name:

Installation Location (Body of Water)

Installation Location GPS Coordinates

Dock/Pontoon Manufacturer:

Dock/Pontoon Material

Installation Date:

Type of Installation

New Existing

Customer Information

Company:

Lead Contact:

Phone Number:

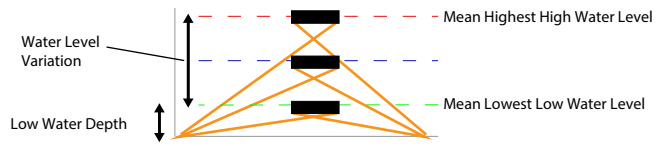
Email :

Services Requested

- | | |
|--|---|
| <input type="checkbox"/> Mooring Supply | <input type="checkbox"/> Anchor Layout |
| <input type="checkbox"/> Mooring Design | <input type="checkbox"/> Dock/Pontoon Design |
| <input type="checkbox"/> Installation | <input type="checkbox"/> Anchor Supply |
| <input type="checkbox"/> Permitting | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Project Financing | <input type="checkbox"/> Mooring Installation |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other |

Please explain any other services requested below:

Project Environmental Conditions



Mean Highest High Water Level
(If bathymetric map is not supplied.)

Water Level Variation

Mean Lowest Low Water Level

Low Water Depth

Chart Datum

Significant Wave Height

Maximum Wave Height

Maximum Occupied Wind Velocity
(Sustained for 30 seconds)

Maximum Unoccupied Wind Velocity
(Sustained for 30 seconds)

Current Speed

Anchor Type (please specify if you would like suggestions)

Data

Substrate Type (bottom)

- Mud Sand
 Rock Other

Body of Water Type

- Reservoir River
 Retention Pond Lake
 Ocean Sensitive Marine Habitat

If vessels will be moored please indicate the type of vessel, quantity, weight and length below.

Reason for Requesting Quote

- Reduce Peak Forces Reduce Maintenance Costs
 Increase Dock Stability Unsatisfied with other elastic solution

If possible, please briefly describe your project goals below

Please sign and date below

Please attach any available layout drawings, bathymetry scans, weather data, force calculations and any other engineering or design documents that communicate the project's intentions.