



Colloid Environmental Technologies Company
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STANDARD WARRANTY REQUEST

PROJECT NAME: _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____

DATE OF S.C.: ____/____/____ LENGTH OF WARRANTY: _____

W/P START DATE: ____/____/____ W/P COMPLETION DATE: ____/____/____

APPLICATOR: _____

PROJECT MANAGER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

OWNER: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

PROVIDE ACTUAL UNITS USED FOR ALL PRODUCTS

ULTRASEAL

____ SP
 ____ BT

PANELS

____ TYPE-1
 ____ TYPE-1C

AQUADRAIN

____ 10X
 ____ 15X
 ____ 15XP
 ____ 18H
 ____ 30H
 ____ 100BD

COREFLEX

____ 45
 ____ 60

VOLTEX

____ REGULAR
 ____ CR
 ____ DS
 ____ DSCR

____ SWELLTITE

STRATASEAL

____ HR
 ____ SG
 ____ RG
 ____ LDC 60

____ ENVIROSHEET
 ____ ENVIROSHEET LT

WATERSTOP-RX

____ RX-101
 ____ RX-101T
 ____ RX-102
 ____ WB-Adhesive
 ____ SB-Primer

____ AKWASTOP
 ____ AKWASWELL

____ BENTOSEAL
 ____ WATERSTOPPAGE

____ BENTOGROUT

____ AKWASEAL LV



Standard Warranty Request

GENERAL CONTRACTOR: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **FAX:** _____

DESIGN FIRM: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **FAX:** _____

PLEASE CHECK THE APPROPRIATE PROJECT TYPES

- AIRPORT PARKING GARAGE CONDOMINIUM MUSEUM
- EDUCATIONAL HOSPITAL CONVENTION CENTER HOTEL
- SPORTS FACILITY SUBWAY COMMERCIAL BLDG. WWTP
- RESIDENTIAL TUNNEL (type): _____
- OTHER _____

PLEASE CHECK THE APPROPRIATE CONSTRUCTION APPLICATIONS

- BACKFILLED WALLS PRECAST CONCRETE SHOTCRETE
- MASONRY BLOCK WALL SOLDIER BEAM & LAG SHEET PILING
- UNDERSLAB TUNNEL (C-I-P) TUNNEL (Pre-Cast)
- EARTH COVERED ROOF PLAZA DECK SPLIT SLAB
- ELEVATOR PITs

YOUR NAME: _____ **SIGNATURE:** _____ **DATE:** ____/____/____

Please Complete and Sign this form then Submit to: