



AQUAFIN, Inc.
505 Blue Ball Rd., #160
Elkton, MD 21921
(410) 392-2300 FAX (410) 392-2324

WARRANTY Application for waterproofing products

Type of project _____

Name of Project _____

Address of Project _____

Name and address of

- Engineer _____

- Architect _____

- General contractor _____

- Owner _____

- Applicator _____

Warranty period _____ Date of completion _____

Product(s) used _____

Application rate _____ lb/sq.yd. and/or thickness _____ inch or mils

Total area treated _____ SF (square feet) Joints _____ lineal feet

Area(s) of application
(wall, floor, joint, etc.) _____

Warranty to be issued to Aquafin applicator Owner Other

Proof of material purchase must be enclosed with this application.

By _____ Date _____
Name



INSTALLATION SITE REGISTRATION FOR
VAPORTIGHT COAT-SG1: 5-YEAR LIMITED MATERIAL WARRANTY

To be submitted no later than 2 weeks after installation of the product.

Project Name: _____

Project Address: _____

General Contractor: _____ Tel: () _____

Address: _____ City: _____ STATE: _____ ZIP: _____

Applicator Name: _____ Tel: () _____

Address: _____ City: _____ STATE: _____ ZIP: _____

- 1. Installation commenced on _____ and was completed on _____
2. Concrete slab: Thickness: _____ inch Age: _____ Yr Structurally sound: Yes / No
3. Reason for VAPORTIGHT COAT-SG1: _____
4. Pre-application calcium chloride test results: _____ lbs/24 h/1000 SF (Attach reports)
1. Application: (check one) () 1 coat, application rate: _____ SF/gal
() 2 coats, application rate: _____ SF/gal
5. Number of SG1 containers used: _____ *) Total area treated: _____ SF
6. Temperature during application: a) Slab concrete _____ °F b) Air: _____ °F
c.) R. Humidity _____ % d.) Dew Point _____
7. Sand (if used): Size # _____ mesh Weight _____ lb
8. Area(s) treated: _____
9. Surface preparation: () shotblast () other: please specify _____
10. Final moisture tests performed: () YES / () NO If yes, _____ lbs/24 h/1000 SF
11. Sub-flooring system: () Underlayment, type: _____ thickness: _____ inch
() Terrazzo, type: _____ thickness: _____ inch
() Epoxy, type: _____ thickness: _____ inch
() Adhesive, type: _____ () VCT, Manufacturer: _____
() Sheet vinyl: manuf: _____ () Rubber flooring: _____
() Carpet, manufacturer _____
12. Other products Used : _____ *)

Applicator to enclose copy of invoice of "SG1" material purchased.

For Applicator: Name: _____ Signature: _____

Title: _____ Date: ____/____, 200__

WARRANTY APPROVED AND ISSUED BY AQUAFIN, INC. THIS ____ DAY OF _____, 200__
AQUAFIN, INC. BY: _____ TITLE: _____ (093005)