



# DEPENDABLE, LLC VAPORSEAL HM 10 YEAR WARRANTY APPLICATION

## PART 1: CERTIFIED APPLICATOR PRE-INSTALLATION REPORT

**Must be submitted prior to installation of the product.**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Owner Name for Warranty: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: (     ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Certified Applicator: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Architect: Yes / No If yes, name & phone no. \_\_\_\_\_

Engineer: Yes / No If yes, name & phone no. \_\_\_\_\_

1. Year built or age \_\_\_\_\_ Owned by current owner from: \_\_\_\_\_

2. Age of slab to be treated \_\_\_\_\_ Square feet of slab to be treated \_\_\_\_\_

a. Slab location: On Grade \_\_\_ Pandeck \_\_\_ Other Above Grade \_\_\_ Below Grade \_\_\_

b. Slab Thickness: \_\_\_\_\_ inch Age of Slab: \_\_\_\_\_ Yr. Structurally sound: Yes / No

c. What is known of the type, age and condition of any vapor barrier placed under the slab? (Is it in contact with the concrete or is there aggregate above it? Are there signs of failure? Was the area unoccupied where a barrier was never placed?)

When the slab was poured, were there any concrete additives (plasticizers, retarders, accelerators, densifiers, pigments)?

How has the room and slab been used until now and have there been prior floors?

Has the slab EVER previously been treated with a sealer, surface hardener, or other treatment?

Has mastic remover been used to remove an existing adhesive? If so, when, what product, by whom?

Has the slab been exposed to grease, oil, or similar from a work environment, manufacturing process, machine, kitchen, etc.? (For oil encapsulation, VAPORSEAL SB may be used with prior approval and core testing).

Has the slab been exposed to cleaning agents or other chemicals? \_\_\_\_\_

d. Core samples? Yes / No If yes, report attached? \_\_\_\_\_

**NOTE ON CORE SAMPLES:** If any of the questions in item 2 (c) above indicate a potential problem, DEPENDABLE, LLC strongly recommends cores samples be taken and tested for penetration of the slab by any sealers, oils, adhesives, or other bond breakers. Core samples can also indicate the presence of Alkali Silica Reaction and other problems. Cores through slab can indicate absence or failure of moisture barrier or presence of aggregate between membrane and slab. IF A PROBLEM OCCURS IN VAPORSEAL INSTALLATION AND CORE SAMPLES WERE NOT TAKEN, BOND WILL NOT BE WARRANTED UNLESS AND UNTIL PROPERTY OWNER PROVIDES POST INSTALL CORES UPON MAKING CLAIM AND DEPOSIT FUNDS FOR DEPENDABLE TO SUBMIT TO LAB FOR TESTING AND IT IS DETERMINED NO SUCH CONDITIONS EXIST.

e. Reason for use of VAPORSEAL: \_\_\_\_\_

f. EXISTING MOISTURE CONDITIONS - Please attach ALL tests conducted pursuant to ASTM F2170 or F1869.

**NOTE:** DEPENDABLE strongly recommends the use of in situ relative humidity testing in strict compliance with ASTM F2170-11, and WILL NOT ACCEPT CALCIUM CHLORIDE TESTING (ASTM F1869-11) FOR NEW CONCRETE. Both procedures require HVAC to be fully on in enclosed space before and throughout testing 24x7 and for a minimum of 3 tests plus one for every additional 1,000 sq. feet of treated area. **FAILURE TO DISCLOSE ALL TESTING PERFORMED ON THE TREATED SLAB MAY VOID ANY WARRANTY.**

g. Relative Humidity Testing conducted? Minimum RH \_\_\_\_\_ Maximum RH \_\_\_\_\_

**Attach all tests (Conducted according to ASTM F-2170)**

If testing is conducted by company other than applicant, please list:

No. tests enclosed and Dates of Testing \_\_\_\_\_

Company Name: \_\_\_\_\_

Inspector: \_\_\_\_\_

Phone: \_\_\_\_\_

h. Calcium Chloride Testing conducted? Maximum MVER \_\_\_\_\_ lbs./24hr/1000SF Minimum MVER \_\_\_\_\_

Attach all tests (Conducted according to ASTM F-1869)

If testing is conducted by company other than applicant, please list:

Company Name: \_\_\_\_\_

Inspector: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Application: 1 coat, application rate (check one): ( )  $\leq 90\%RH/15lb$  MVER = 130 sf/gal  
( )  $\geq 90\%RH/15-20$  lb. MVER = 105 sf/gal  
( )  $\geq 95\%RH/20$  lb. MVER = 70 sf/gal

4. Required minimum VAPORSEAL : \_\_\_\_\_ SF ÷ \_\_\_\_\_ SF/gal = \_\_\_\_\_ gal. ÷ 2.4= \_\_\_\_\_ units.

5. Anticipated surface preparation: (i.e. shot or sand blasting, etc.) \_\_\_\_\_

6. Anticipated floor leveling (not warranted unless DEPENDABLE), adhesive & floor covering products:

**(Provide data sheets for each product other than DEPENDABLE levelers)**

7. VAPORSEAL HM test application planned prior to actual application: Yes / No

Number of test area(s): \_\_\_\_\_ Size of each test area: \_\_\_\_\_ SF

CERTIFIED APPLICATOR COMPANY \_\_\_\_\_

Certified Lead Applicator / Job Foreman: \_\_\_\_\_

Signature: \_\_\_\_\_

Project Owner and Applicant installation company certify that the information on this form regarding condition and history of slab and moisture is completely accurate to best of their knowledge. By executing this document, Project Owner and Applicator request pre-approval for installation of Vaporseal HM under a 10-year warranty.

Project Owner name: \_\_\_\_\_

Authorized Project Owner signature: \_\_\_\_\_

Print name and title: \_\_\_\_\_

Pre-Approval granted by Dependable, LLC: \_\_\_\_\_

Print Name \_\_\_\_\_ Pre-Approval No.: \_\_\_\_\_