Well-Klean© Solutions

Water Well Criteria Submission – The more you can tell us the more scientific we can be.

|  |  |  |
| --- | --- | --- |
| 1. Well Owner & Reoccurring Customer | |  |
| 1. Well Name | |  |
| 1. HCT Client Company | |  |
| 1. Name | |  |
| 1. Phone | |  |
| 1. Email | |  |
| 1. Engineering Firm | |  |
| 1. Gov’t bid (branch) | |  |
| 1. Date Submitted | |  |
| 1. Urgency/Timing | |  |
| 1. Residential, Commercial, Agricultural, Industrial or Municipal? | |  |
| 1. What type of well; Extraction, Injection, Artesian, Dewatering, … | |  |
| 1. Has this well been offline and if so for how long? | |  |
| 1. Potable or Non? | |  |
| 1. Contingency Plan? | | **(Internal Use) Notes & Observations:**  **Rehab Notes:**  **Products & Services:** |
| Well Data |  |
| 1. Video, Date & No. Vids |  |
| 1. Well Completion Report |  |
| 1. Well Schematic |  |
| 1. Ground Water Quality |  |
| Well Information |  |
| 1. Age of well (durability) |  |
| 1. Casing alloys |  |
| 1. Diameters, inches |  |
| 1. Lengths, ft. |  |
| 1. Perforation types |  |
| 1. SWL, ft. BGL |  |
| 1. Aerobic Zones |  |
| 1. Anaerobic Zones |  |
| 1. Fill Depth, ft. BGL |  |
| 1. Total Depth, ft. BGL |  |
| 1. No. 10 ft. intervals |  |
| Ground Water Constituents |  |
| 1. pH |  |
| 1. TDS |  |
| 1. Calcium |  |
| 1. Bicarbonate Alkalinity |  |
| 1. Temperature |  |
| 1. LSI Value |  |
| 1. Sulfate values *(Sulfur / 3)* |  |
| 1. Fe |  |
| 1. Mn |  |
| 1. Silica |  |
| Rehab History |  |
| 1. Lined |  |
| 1. Jetted |  |
| 1. Swedged |  |
| 1. Is a CITM Scan Recommended (age/Alloy) |  |
| 1. Adjacent well influence(s)? |  |
| 1. Under Deposit Bioremediation necessary? |  |
| 1. Gradient water flow? |  |



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| --- | --- | --- | --- |
| Completed by: |  | Date: |  |

Submit to [info@hctllc.com](mailto:info@hctllc.com) – Technical Support call (480) 650-6955

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Please enter data above. This section is for internal use.

No. Req’d Purpose

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