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?
 |  |



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

Submit to 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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