

**RECIRCULATING WELL TECHNOLOGY
DESIGN DATA FORM**

Client _____ Date _____

Contact Person _____ Phone _____

Project Name / Location _____ Fax _____

If possible, please include:

Site map showing source(s), monitoring wells Yes No

Lithologic cross sections at right angles Yes No

Map showing horizontal and vertical distribution of
contaminants in vadose zone Yes No

Map showing horizontal and vertical distribution of
contaminants in saturated zone Yes No

Well logs, test borings Yes No

Treatment objective(s) _____

Contaminants of concern and their respective concentrations _____

Action levels for above contaminants _____

Describe plume dimensions & depths _____

Free product present? _____ Thickness _____ (ft)

LNAPLs / DNAPLs present? _____

Confined aquifer? Yes No If yes, please describe. _____

Saturated zone hydraulic conductivity _____

Anisotropic ratio _____

Depth to groundwater _____ (ft bgs)

Seasonal variations in groundwater elevation _____ (ft)

Aquifer thickness (saturated depth) _____ (ft) Porosity _____

Plume thickness if less than saturated thickness _____ (ft)

Hydraulic gradient _____ (ft / ft) Pump test results _____ (gpm)

pH _____ Groundwater temperature _____ (°C)
Dissolved iron _____ (ppm) Total iron _____ (ppm)
Other inorganics of concern _____ (ppm)
Calcite precipitation potential for DDC (alkalinity, calcium, total dissolved solids, temperature, pH)

Off gas treatment requirements _____

Other relevant information _____

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