



WATER WELL LOG FORM

Council use only:

Well Number: -

Catchment: _____

Aquifer: _____

Completion date: / /

Driller: _____

Property Info:

Valuation No: _____ (e.g. 1472000302)
 Lot No: _____ (e.g. Lot 1)
 DP No: _____ (e.g. DP 2560)
 Fonterra No: _____ (e.g. 44044)
 Street _____
 Address: _____

Owner's Info:

Name: _____
 Phone: _____ (0) _____
 Fax: _____ (0) _____
 Email: _____
 Postal Address: _____
 (If different from property address)

Well Intended Use (please tick all applicable):

- Public Supply Domestic Supply Farm Supply
 Irrigation Industrial Supply Resource Investigation/Testing
 Other (specify: _____) **Target maximum abstraction:** _____ m³/day

Well Location/elevation:

New Zealand Map Grid (NZMG) Ref: : -

Easting: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m	Northing: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m	Positioning data source: (Please circle one) Estimated / GPS / SGPS / Survey
Ground level: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> masl	Casing height above ground: <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> m	Elevation data source: (Please circle one) Estimated / GPS / SGPS / Survey

Well Access Directions: _____

<p>Location Sketch:</p> 	<p>Well Sketch:</p>
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WELL CONSTRUCTION & COMPLETION

Council use only:

Well Number: -

Drilling Method:

From (m)	To (m)	Ø (mm)	Method & Fluid

Casing:

From (m)	To (m)	Ø (mm)	Type

Screen:

From (m)	To (m)	Ø (mm)	Type	Slot (thou)

Annular Fill (filter pack, grout, etc):

From (m)	To (m)	Fill Volume (m³)	Description

Well Development):

Method: _____
 Duration: _____
 Chemicals used: _____

Static Groundwater Level (after well completion):

Measurement point (please specify/describe): _____

Date: / / Water level: _____ m below above measurement point
 (please tick one)

Well Yield & Drawdown:

Estimated maximum well yield/stabilised artesian flow rate: _____ (please specify units)

Approximate stabilised pumping water level: _____ m below above measurement point
 (please tick one)

Testing (please tick all applicable and attach data /results):

- | | |
|--|--|
| <input type="checkbox"/> Constant rate pumping test (aquifer test) | <input type="checkbox"/> Step-drawdown test (well efficiency test) |
| <input type="checkbox"/> Recovery test | <input type="checkbox"/> Slug test |
| <input type="checkbox"/> Water quality field measurements | <input type="checkbox"/> Water quality lab analysis |

Wellhead Completion (please describe below):

Remarks:

LITHOLOGICAL WELL LOG

Council use only:

Well Number: -

Lithological log:

From (m)	To (m)	Colour	Lithology	Description	Water Depth (m)*	W B**

* **Depth to water:** is negative if below measurement point, and positive if above it (artesian).
 ** **Water-bearing:** **V** = very good, **G** = good, **M** = moderate, **P** = poor, **D** = dry

LITHOLOGICAL WELL LOG

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Council use only:
 Well Number: -

Lithological log:

From (m)	To (m)	Colour	Lithology	Description	Water Depth (m)*	W B**

* Depth to water: is negative if below measurement point, and positive if above it (artesian).
 ** Water-bearing: V = very good, G = good, M = moderate, P = poor, D = dry