

Aquifer Test Plan

Planning your aquifer test in advance with Council review reduces uncertainty. Completing this form doesn't guarantee a successful consent, but the more relevant wells and surface water you monitor during the test better supports your application. Follow recommendations given in Aquifer test guidelines for the Hawke's Bay Region (1998) and complete all fields and attach any relevant information to this form.

Test persons

Person completing form	
Site manager on test day	
Person analysing test data	
Client	
Plan date	

Pumped well

Well number	
Location (gps)	Easting: _____ Northing: _____
Depth (m)	
Depth to screen top (m)	
Depth to screen bottom (m)	
Aquifer condition	<input type="checkbox"/> unconfined <input type="checkbox"/> semi-confined <input type="checkbox"/> confined
Water level measurement method	<input type="checkbox"/> manual <input type="checkbox"/> transducer <input type="checkbox"/> _____
Static water level (m) ¹	

¹+ for above ground, - for below ground

Aquifer test proposal

Duration (hours)	
Rate (l/s)	
Date	
Will discharge water to	

Monitor wells

Well number	Depth (m)	Screen top (m)	Screen bottom (m)	Pumping well distance (m)	measured by			Static water level (m) ¹	Reason to monitor
					manual	transducer	other		

Surface water

Site	Name	Distance to pumped well (m)	Monitoring method ²	Will not monitor because: ²
Nearest stream				
Nearest spring				

² Write in **Comments** section if more space needed.

Map (Show all wells, streams, springs cited in this plan)



Comments



Office use (leave blank)

Date received	
Reviewed by	
Comments sent to	
File	