



### BOREHOLE PUMPING TEST RECORD: CONSTANT DISCHARGE TEST

Client: \_\_\_\_\_  
 Pump Test By: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Borehole and B/h No. \_\_\_\_\_

Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Starting Time: \_\_\_\_:\_\_\_\_ Hours  
 Ending Time: \_\_\_\_:\_\_\_\_ Hours  
 Pumping Time: \_\_\_\_ hrs \_\_\_\_ min

Depth to top of screens \_\_\_\_\_ m  
 S.W.L below Ref. Point \_\_\_\_\_ m

Total Depth of borehole: \_\_\_\_\_ m  
 Depth to Pump Intake \_\_\_\_\_ m

Reference Point for Measurements:       Top of Casing       Ground Surface       \_\_\_\_\_

Observation Wells

Clock Time	Elapsed Time (min)	Yield (Pumping Rate) Litres/sec	Depth from Ref. Point to Water (m)	Quality of Water		Recovery level after pumping		
				clear	turbid	Clock Time	Elapsed Time (min)	Water level (m)
:	0					:	0	
:	1					:	1	
:	2					:	2	
:	3					:	3	
:	4					:	4	
:	5					:	5	
:	10					:	10	
:	15					:	15	
:	20					:	20	
:	25					:	25	
:	30					:	30	
:	35					:	35	
:	40					:	40	
:	45					:	45	
:	50					:	50	
:	60					:	60	
:	70					:	70	
:	80					:	80	
:	90					:	90	
:	100					:	100	
:	110					:	110	
:	120					:	120	
:	150					:	130	
:	180					:	140	
:	210					:	150	
:	240					:	160	
:	270					:	170	
:	300					<b>REMARKS:</b>		
:	330							
:	360							
:	390							
:	420							
:	450							
:	480							
:								

The contractor is required to sign this Report as it is true and correct.

Signature on behalf of the Contractor/Drilling Company

Name : \_\_\_\_\_

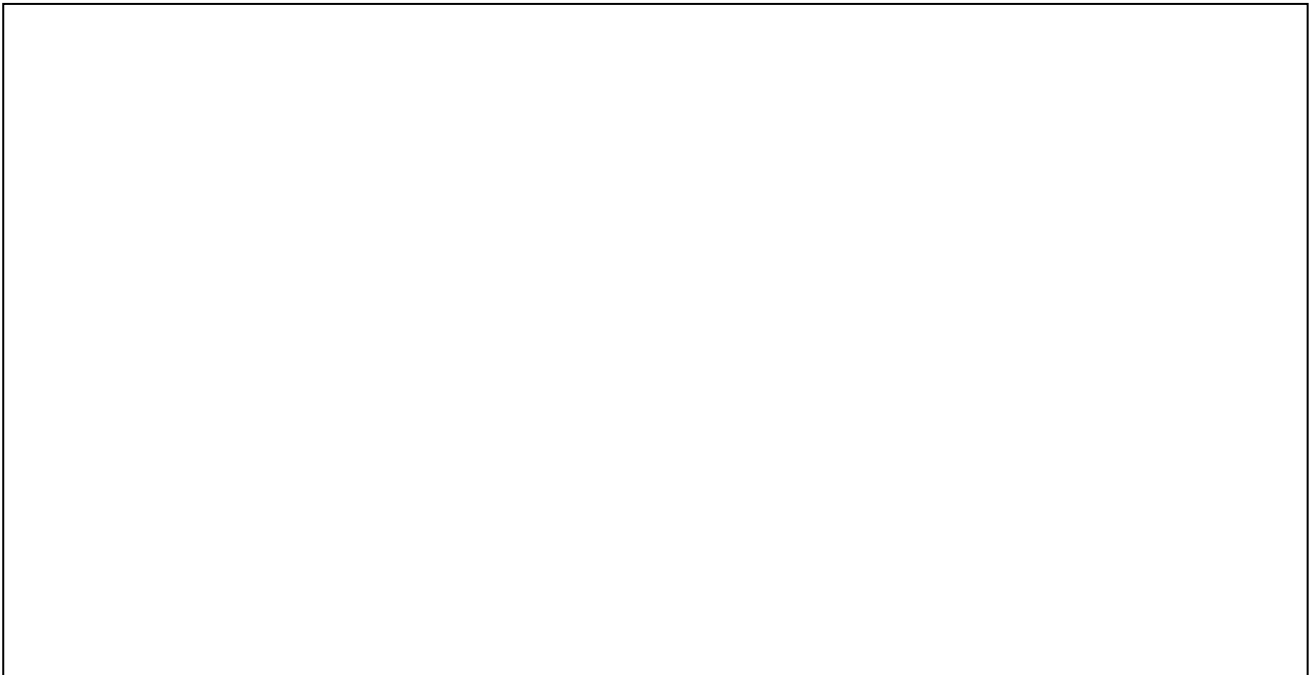
Signature: \_\_\_\_\_

Position : \_\_\_\_\_

Date of Approval: \_\_\_\_\_

**Sketch Map**

of location, pumped well and observation wells (if any) with distances from pumped well in meters, direction of discharge and length of discharge pipe as well as nearby streams or other open water sources or groundwater abstraction sites:



**Reference Point**

Please enter measurements!

Geographic coordinates of pumped well in WGS84 -Decimal Degrees

E \_\_\_\_ . \_\_\_\_ °

S \_\_\_\_ . \_\_\_\_ °

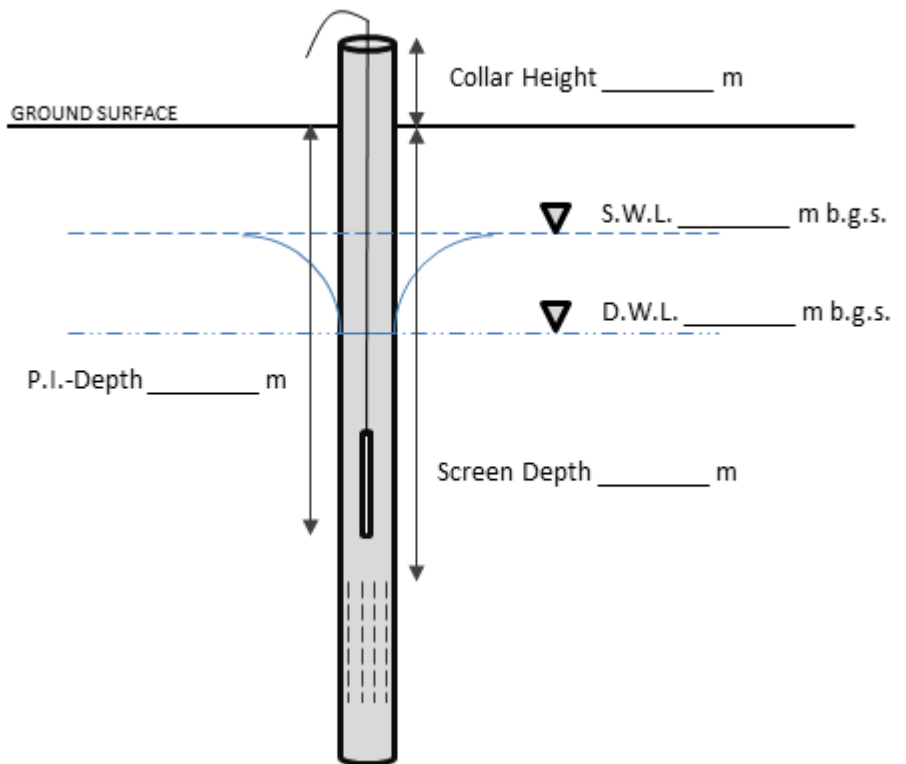
Abbreviations:

SWL = static water level

DWL = dynamic water level

mbgs= meters below ground surface

PI = Pump Intake



**Additional Remarks**

In particular regarding weather conditions prior to and during test pumping and possibly on-going abstractions/irrigation in the vicinity, or specific geological conditions observed:

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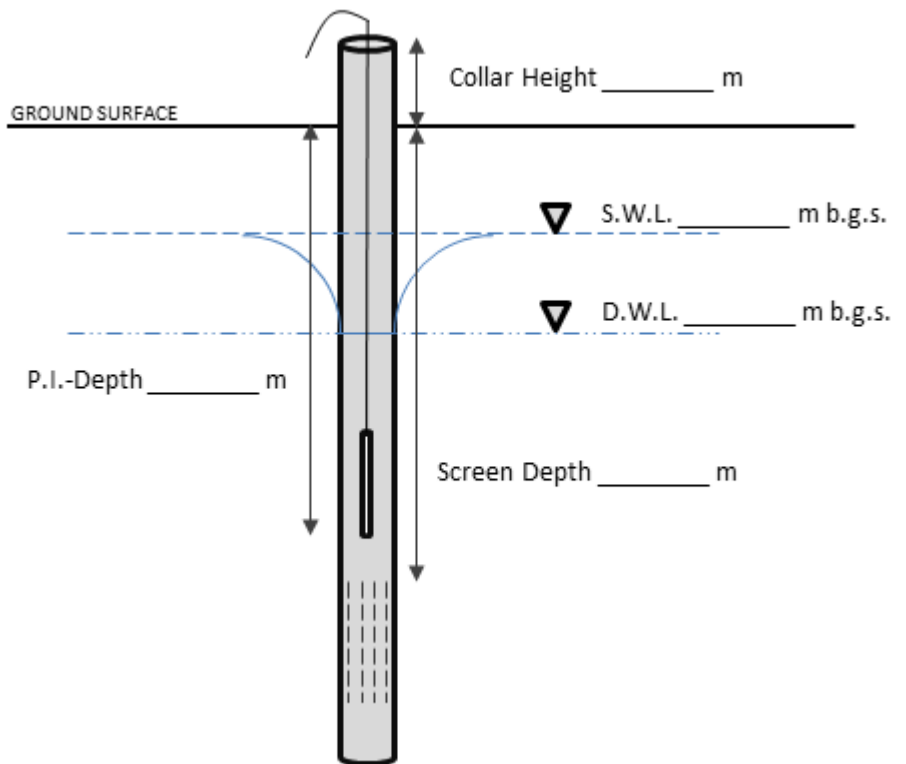
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**Groundwater Quality Field Data Sheet**

WP-No.		WP-Name / Station-Name:				Sample Id:	
_____		_____				_____	
Latitude: (WGS84)		Longitude: (WGS84)			Elevation (m asl)		
S _____, _____		E _____, _____			_____		
Estimated flow rate: _____ (l/s)		Period of pumping until sampling: _____ (min)			Total pumped volume: _____ (l)		
Time (min)	Temp H2O (°C)	EC (µS/cm)	pH	Eh (mV)	O <sub>2</sub> (mg/l)	O <sub>2</sub> (% sat.)	Water level (m bgl)
<u>Sampling point:</u>		Date of Sampling(dd/mm/yy):			Water level (m)		
Spring <input type="checkbox"/>		_____			_____		
Hand-pump <input type="checkbox"/>		Time of sampling(hh/mm):			Depth of Borehole (m)		
Electrical Pump <input type="checkbox"/>		_____			_____		
monitoring bh <input type="checkbox"/>		Sampling person (Name):			Inlet of pump (m)		
production bh <input type="checkbox"/>		_____			_____		
Bailer/Airlift <input type="checkbox"/>		Lab sent to (Address):			Air Temp (°C)		
Other: _____		_____			_____		

<b>Bottle set:</b>				<input type="checkbox"/> <b>sample</b>
Anions: 250 mL PE	<input type="checkbox"/>	LNAPL/DNAPL/BTEX: 20°mL headspace. 20 mL sample	<input type="checkbox"/>	
Cations: 100 mL PE, 0.45 µm filtrated + 1 % HNO <sub>3</sub> ccsp <sup>2</sup> acidified	<input type="checkbox"/>	TIC/TOC: 40 mL glass, Al-septum cap, bubblefree	<input type="checkbox"/>	
Microbiology: 100 ml PE, sealed, 110 ml sample	<input type="checkbox"/>	HC: 1000 mL glass, bubblefree	<input type="checkbox"/>	
<b>Organoleptic analysis/inspection:</b>				
Smell <input type="checkbox"/> yes <input type="checkbox"/> no	H <sub>2</sub> S <input type="checkbox"/> yes <input type="checkbox"/> no			
Color <input type="checkbox"/> yes <input type="checkbox"/> no	Turbidity <input type="checkbox"/> yes <input type="checkbox"/> no			

Remarks: \_\_\_\_\_