

Bore/Well log form

A copy of this form must be returned with each bore log

Copies can be downloaded from the website: www.gw.govt.nz/forms

The information below is used to ensure groundwater resources are used in a sustainable manner. Please send this form back within one month of the completion of your bore to either the Wairarapa office at PO Box 41, Masterton 5840 or the Wellington office at PO Box 11646, Manners Street, Wellington 6142, or email to Notifications@gw.govt.nz and reference the resource consent number.

Well owner:	_____	Resource consent no. WAR/WGN:	_____
Address:	_____	Well no and Wai ID:	_____
	_____	Proposed Grid reference NZTM:	E N
Locality:	_____	Valuation number:	_____
Groundwater zone:	_____	Aquifer zone:	_____

Bore/Well construction details – Well driller to complete:

Drilling firm:	_____	Driller:	_____
Drilling method:	_____	Confirmed Grid reference NZTM (must be completed):	E N
Elevation of bore:	_____ (metres above mean sea level)	Date drilled:	_____
Casing material:	_____	Casing length (metres):	_____
Casing diameter (mm):	_____	Casing set at:	_____
Finished case height above ground level (m):	_____	Static water level (metres below case):	_____
Screen type:	_____	Screen set at: (top & bottom)	_____
Screen length (metres)*:	_____ *If more than one, list depth of all screens	Slot size:	_____
Bore use:	_____	Pump type:	_____
		Discharge required L/s:	_____
Sump set at if fitted: (top & bottom)	_____		_____

Aquifer pump test – Well driller to complete:

Note: if a step drawdown pump test is completed this must be attached.

Static water (m)	_____	metres below case	Pumping at	_____	(litres/second)
Water level (m)	_____	after 1 minute	Water level (m)	_____	after 5 minutes
Water level (m)	_____	after 15 minutes	Water level (m)	_____	after _____
Remarks (include samples taken, water quality tests):					

Certification:

This well has been drilled in accordance with New Zealand Standard 4411:2001 *Environmental Standard for Drilling of Soil and Rock* and all conditions of consent WGN/WARX.

Driller: _____ Date: _____

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