

MINNESOTA Source Water Protection Unit Drinking Water Protection Section P.O. Box 64975 St. Paul, Minnesota 55164-097

Test No.

# Aquifer Test Information Page 1 of

A – Test Information	n							
Test Location		Well Own	er		Test Conducted By			
Aquifer		Confined/	Unconfined		Flow Rate (Units)			
Date/Time - Monito	oring Start	Pump Type	e		Flow Rate Measuring Device			
Date/Time - Test Sta	art	Drop Pipe	Length (Pump Ir	ntake	Totalizer: End			
Date/Time - Recove	ery Start	Pumped W	Vell Inner Casing	Diameter	Totalizer: - Start			
Date/Time - Test Fir	nish	Pump Pre-	lube Time:		= Total Pumped (Units)			
B – Well Informatio	n							
Well Name (Unique Number)	Locat	tion	Radial	Measurin	g	Open Interval		
	Easting	Northing	Distance (feet)	Point Desc. (stick-up)		(feet, MSL)	Aquifer	
Pumped Well						from to		
Ob-Wells						from to		
						from to		
						from to		
						from to		
C – Data Collection			L 1					
File Name: Well Name (Unique Number)	Data Logger Type, SN:	Probe Id., Range (psi)	Static WL at Installation	Transduc Setting Be WL - inst	cer low all	Static WL at Removal	Transducer Setting Below WL - remove	
Pumped Well								
Ob-Wells								

Test Notes:

### AQUIFER TEST INFORMATION FORM GUIDANCE

The **Test No.** (shaded box) is reserved for Minnesota Department of Health (MDH) use.

Page 1 of \_\_\_\_ - the total number of pages in the data set.

#### Section A – Test Information

Test Location - the name of the well that is being pumped.

**Well Owner** - the property owner name. (Unless there is a valid existing maintenance agreement between the property owner and a third party.)

Test Conducted By - the person and company that is conducting the test.

**Aquifer –** the name and/or type of aquifer being tested.

**Confined/Unconfined** - the hydraulic confining conditions that exist at the pumped well site. Pick the appropriate type.

**DATE/TIME FORMAT STANDARD FOR ALL MEASUREMENTS:** date (MM/DD/YYYY) and time (HH:MM:SS.0) 24-hour format Eight o'clock in the evening is indicated by 20:00, not 8 p.m. ("a.m." and "p.m." readings are not acceptable).

Date/Time Monitoring Start - date and time that data collection started. (date/time of first reading)

Date/Time Test Start - the date and time that the test started, pump turned on.

Date/Time Recovery Start - the date and time that the pumping phase ended and recovery started, pump turned off.

**Date/Time Test Finish** - the date and time that the recovery ended, regular water-level measurements were stopped.

Flow Rate (Units) - the representative flow rate used for test analysis. Units of gallons per minute is required.

**Flow Rate Measurement Device** - the means by which the pumping rate was measured. This is not the manufacturer of the meter but the type of meter, i.e., turbine, weir, orifice, manometer, bucket, etc.

Totalizer: End - the flowmeter totalizer reading at the end of pumping, include units of measure.

Totalizer: Start - the flowmeter totalizer reading before the start of pumping, include units of measure.

Total Pumped (Units) - the result of subtracting the start from the end totalizer readings, include units of measure.

Pump Type - the kind of pump used, i.e., turbine, submersible, etc.

Drop Pipe Length / Pump Intake Depth - the distance below ground surface (in feet) from which the pump takes water.

#### DO NOT INSTALL TRANSDUCER BELOW THIS DEPTH.

**Pumped Well Inner Casing Diameter** - the diameter (in inches) of the well casing that extends to the pumped interval. **Pump Pre-lube Time** – the time, (minutes and seconds) that the pump start is delayed for lubrication of the bearings. (applies to some turbine pumps)

#### Section B – Well Information

**Well Name (Unique Well Number)** – The well name (owner) and Minnesota unique well number (UWN). All wells used for the test must have a unique well number, either an eight-digit well number from the well driller's log or a number assigned to those wells without official well records by MGS/MDH. Tests that collect data from a well that is not identified with a unique number will not be accepted by MDH. If a well does not have a UWN or there is some other issue regarding UWNs, contact the MDH Hydrologist. An arbitrary project well id. (i.e. MW-01) is acceptable if accompanied by the UWN.

**Location** - the Easting and Northing of the well. These are the location coordinates in either: 1) the Universal Transverse Mercator (UTM) UTM Zones 14, 15, or 16 North, meters; or 2) latitude and longitude in decimal degrees. Datum is NAD83. **These are field measurements (GPS), to be reconciled with CWI later.** 

Radial Distance - straight line distance (feet) between the pumping and observation well(s), as measured in the field.

**Measuring Point Description**- the place on the well structure from which water-level measurements were taken (MP) and stick-up (difference between ground surface and the MP).

Open Interval - the depth (feet) or elevation (feet, MSL) of the open or screened interval of the well.

#### C – Data Collection

**File Name** – Well Name (Unique Number) is required format of computer file name that contains the water level and/or discharge measurements from a specific well. Example: Pine Island 3 (123456) is PI3\_123456

Data Logger Type – Manufacturer, Model, Serial no.

Probe Id., Range – Transducer Manufacturer, Model, Serial no., PSI range

Static Water Level at Installation – Water level below the measuring point (feet) at date/time probe installed in well Transducer Setting below WL Install - the depth below the water surface (feet) that transducer was set at installation.

Static Water Level at Removal – Water level below the measuring point (feet) at date/time probe removed from well

Transducer Setting below WL Remove - the depth below the water surface (feet) that transducer was set before removal

Test Notes: Weather conditions, Problems encountered, Contact Nos., Data file names (if not unique well no.)

To request this document in another format, call (651) 215-0800, TDD (651) 215-0707, or for greater Minnesota through the Minnesota Relay Service at 1-800-627-3529 (ask for [651] 215-0800).

## **Aquifer Test Data Form**

Test:				By:					Test Date:		Page of
LOCATION (Unique Well Number)	Mon.	DATE Day	Year	T Hour	TIME Min	Sec.	Elapsed Time (Minutes)	Depth to Water	Drawdown/ Recovery	Discharge Rate	Remarks: Totalizer, Hold/Cut, etc.



#### AQUIFER TEST DATA FORM AND ELECTRONIC FILE GUIDANCE

Test - the name of the facility where the test is being conducted. Required.

**By** - the person taking the readings. This should not be abbreviated to less than a first initial, middle initial, and full last name. Include affiliation (company name). <u>Required</u>.

Test Date - the date of the start of the test. Required.

Page \_\_ of \_\_ - the page number(s) of the data sheet(s) in sequence. <u>Required</u>.

**Location (Unique Well No.)** The well name (owner) and Minnesota unique well number (UWN). All wells used for the test must have a unique well number, either an eight-digit well number from the well driller's log or a number assigned to those wells without official well records by MGS/MDH. Tests that collect data from a well that is not identified with a unique number will not be accepted by MDH. An arbitrary project well id. (i.e. MW-01) is acceptable if accompanied by the UWN. Each reading of water level or discharge must be associated with a unique number. If the well or location of the reading is not a well, (eg. a spring) or there is some other issue regarding UWNs, contact the MDH hydrologist for the appropriate identifier to use. <u>Required</u>.

**DATE/TIME FORMAT STANDARD FOR ALL MEASUREMENTS:** date (MM/DD/YYYY) and time (HH:MM:SS.0) 24-hour format Eight o'clock in the evening is indicated by 20:00, not 8 p.m. ("a.m." and "p.m." readings are not acceptable).

Date - the month, day, and year that a reading was taken. Required.

Time - the hour, minute, and second that a reading was taken. Required.

**Elapsed Time (Minutes)** - the difference in minutes from the time of reading to the start of the test phase: pretest monitoring, pumping, or recovery. <u>As needed for field verification plots.</u>

**Depth to Water** - the distance in feet, tenths, and hundredths of feet from the measuring point to the standing water surface in the well. Inches are not acceptable. <u>Required.</u>

#### Drawdown/Recovery As needed

**Drawdown** is the difference between the water-level reading and the initial (static) water-level reading taken just before the beginning of the test; or

**Recovery** is the difference between the water-level reading and the last reading of the pumping period, just before the pump was turned off. 95% recovery is defined as: recovery / maximum drawdown = 0.95

**Discharge Rate**- the instantaneous discharge measurement given by the flow rate measurement device at a particular time. Flowmeter totalizer readings should be recorded in the "Remarks" column. <u>Required.</u>

**Remarks** - includes comments having to do with the test, such as totalizer readings, steel tape – hold/cut notes, changes in personnel, weather, and test conditions, etc. <u>As needed.</u>

#### Additional Fields Required in Electronic Files of Aquifer Test Data

**Date/Time** - decimal days calculated with the spreadsheet "=date" function plus time as fractional days, for example: =date(year,month,day)+(hour\*60+minute+second/60)/1440. This makes it easy to do day-date arithmetic.

In the formula above, January 1, 2000 at 10:02:15 is:

=DATE(2000,1,1)+(10\*60+2+15/60)/1440 = 36526.4182291667

For current implementations of MS Excel the custom formatting to display jdate as a date/time string with sufficient significant digits is:

mm/dd/yyyy hh:mm:ss.00

Elapsed Time is broken into three different columns, according to the test phase, as follows:

etsm - elapsed time in minutes from start of pretest monitoring,

etp - elapsed time in minutes from start of pumping, (t) and

etr - elapsed time in minutes from start of recovery (t').

The equation for recovery time is:

Aet (Agarwal equivalent time) - (tp \* t'/t) Pumping time [fixed] \* time since start of recovery / time since start of pumping.

To request this document in another format, call (651) 215-0800, TDD (651) 215-0707, or for greater Minnesota through the Minnesota Relay Service at 1-800-627-3529 (ask for [651] 215-0800).