

STEP DRAWDOWN TEST FORM

Contractor Name: _____ Page: _____ of: _____
 Location: _____ Borehole No: _____
 Map Sheet No: _____ Elevation: _____ masl
 Latitude: _____ Longitude: _____
 Test: _____ Steptest Duration: _____ hours
 Test borehole/observation: _____ Date: _____/_____/19_____
 Rest water level before start if test: _____m Date: _____/_____/19_____
 Pumping depth: _____m Borehole depth: _____m
 Diameter: _____mm Distance from pumped borehole: _____m
 Direction from pumped borehole: _____m Water samples: _____

PUMPING WATER LEVELS				RECOVERING WATER LEVELS			COMMENTS
Clock Time	Pump Time (min)	Water Level (m)	Flowmeter Reading (m ³)	Clock Time	Recovery Time (min)	Water Level (m)	
	1				1		
	2				2		
	3				3		
	4				4		
	5				5		
	7				7		
	10				10		
	15				15		
	20				20		
	25				25		
	30				30		
	35				35		
	40				40		
	50				50		
	60				60		
Drawdown				Recovery			