

Place Site Visit Label Here

Ground Water Site Visit Form

Project ID: _____

Visit # _____

Date: _____ Time: _____ Personnel: _____

Site Name & Description: _____ MBMG Well ID: _____

Station ID: _____ HUC: _____ County: _____ Elevation: _____ ft m

Latitude: _____ Longitude: _____ Datum: **NAD83** Other: _____

Field Duplicate to _____ Field Blank Trip Blank Field Equipment Blank

Samples Collected:	Sample ID:	Sample Collection Information/Preservation:
Water <input type="checkbox"/>		Bailer Pump Dedicated Pump Other:
Analysis:		Preserved: HNO ₃ H ₂ SO ₄ H ₃ PO ₄ HCL Ice Frozen None
Analysis:		Preserved: HNO ₃ H ₂ SO ₄ H ₃ PO ₄ HCL Ice Frozen None
Analysis:		Preserved: HNO ₃ H ₂ SO ₄ H ₃ PO ₄ HCL Ice Frozen None
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Equipment Decontamination Methods:	10% Bleach Solution <input type="checkbox"/> Deionized Water <input type="checkbox"/> Distilled Water <input type="checkbox"/> Phosphate-free Soap <input type="checkbox"/> Disposable <input type="checkbox"/> Other: _____	

Site Characterization:
Air Temp: _____ °C _____ °F Current Weather Conditions: Clear <input type="checkbox"/> Overcast <input type="checkbox"/> Precipitation <input type="checkbox"/>
Wellhead: Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/> Flush Mount <input type="checkbox"/>
Positive Drainage from Wellhead: Y <input type="checkbox"/> N <input type="checkbox"/>

Well Specifications: (bgs = below ground surface)
Well Type: Irrigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Water Supply <input type="checkbox"/> Other: _____
Total Well Depth (td): _____ ft bgs Depth to Water (dtw): _____ ft bgs
Thickness of Water Column (td - dtw): _____ ft Depth Water Enters Well: from _____ to _____ ft bgs
Well Casing Diameter: _____ in
One Well Volume: _____ gal
Pumping Rate: _____ gpm
Was well pumped dry? Y <input type="checkbox"/> N <input type="checkbox"/>
<u>One Well Volume of Water Calculations (gal)</u> 2" Well = 0.17 x Thickness of Water Column (ft) 4" Well = 0.66 x Thickness of Water Column (ft) 6" Well = 1.47 x Thickness of Water Column (ft)

Site Visit Comments:

Chemistry Lab Information:
Lab Samples Submitted to: _____ Account #: _____ Term Contract Number: _____
Contact Name & Phone: _____ EDD <input checked="" type="checkbox"/> Format: MT DEQ Compatible
1) Relinquished By & Date/Time: _____ 1) Shipped By: _____ 1) Received By & Date/Time: _____
Hand <input type="checkbox"/> FedEx/UPS <input type="checkbox"/> USPS <input type="checkbox"/>
2) Relinquished By & Date/Time: _____ 2) Shipped By: _____ 2) Received By & Date/Time: _____
Hand <input type="checkbox"/> FedEx/UPS <input type="checkbox"/> USPS <input type="checkbox"/>

Lab Use Only - Delivery Temperature: Wet Ice _____ °C Dry Ice _____ °C

