



APPENDIX D

**STANDARD
FIELD FORMS**

FIELD PREPARATION CHECKLIST

PROJECT NAME:

PROJECT #:

FIELD PREPARATION AND FOLLOW-UP		FIELD EQUIPMENT AND REFERENCES	
Telephone Calls		Equipment	
	Client/Site Contact:		Geomatrix equipment order
	Regulatory Agency:		Water Level Indicator
	USA Contact:		Measuring Tape
	Private Utility Locator:		Pump
	Other:		Tubing
Additional Numbers or Notes			Hose
	Geomatrix:		Transducer
	Rick Morrow:		Lap Top Computer
	Francis Sefwi:		
	Paul Dawson:		
	Driver:		
	Hospital/Clinic:		
	SGS Lab:		
	Other:		
Site Walk Information		Personal Protective Equipment	
	Mark borings/excavations		See health and safety on back
	Obtain utility maps or plans		Hard hat and steel toed boots (leather/rubber)
	Access Issues:		Rain gear
	keys or keypad security code #		Safety glasses and vest
	time constraints on work (hours/days)		Ear protection
	limited by power lines, structures, soft ground		Drinking water
	Water or electrical source at site		Sun screen
	Traffic control requirements		Other:
	Other:		
Documents to Prepare		Additional Personal Items	
	Geomatrix work plan		Cellular phone
	Geomatrix Health and Safety Plan		Camera (digital, disposable)
	Subcontractor cost estimates		Clipboard
	Subcontractor work order		Calculator
	Other:		Clock or wrist watch
			Tape measure
			Scale and protractor
			Satellite phone
			Spray water bottle
			Other:
Permits		References and Forms	
	County Drilling Permit		H & S Plan, permits, subcontractor WO
	Encroachment Permit		Previous field documents (reports, etc)
	Grading Permit		Site location map and site plan
	Other:		Work plan or sampling plan
			Telephone contact list
			Unified soil classification tables
			Munsell color charts
			Geomatrix forms (circle):
			daily field records;
			boring, well, or trench logs;
			development records; well construction
			summary, water-level monitoring, chain-or-custody, sample control log, drum inventory
			Other:
Analytical Laboratory			
	Lab:		
	Laboratory Service Request		
	Bottle order: sample containers & (circle)		
	duplicate or split samples		
	trip, atmospheric, or temperature blanks		
	equipment, pump, or rinsate samples		
	cleaning water		
	Sample courier or shipment (airbill label, insurance)		
	Other:		

FIELD PREPARATION CHECKLIST

PROJECT NAME:

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Waste Generated		Follow-Up Tasks	
<input type="checkbox"/>	Soil (soil bin, drums, stockpiled on plastic)	<input type="checkbox"/>	Surveyor
<input type="checkbox"/>	Water (drums, Baker™ tank)	<input type="checkbox"/>	DWR Forms for well installations
<input type="checkbox"/>	Sample for disposal	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Coordinate storage location at site and disposal	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	



FIELD WELL CONSTRUCTION SUMMARY

Well ID: _____ Project Name: _____
 Project/Task No.: _____ Location: _____
 Geomatrix Personnel: _____

DRILLING SUMMARY

Drilling Contractor: _____ Driller: _____
 Drilling Method: _____ Drill Rig: _____
 Drilling Fluid: _____ Drill Bit(s): _____

BORING AND WELL CASING DEPTH MEASUREMENTS

Pilot Boring: Depth Interval BGS _____ Diameter _____ Depth Interval BGS _____ Diameter _____
 Reamed Boring: Depth Interval BGS _____ Diameter _____ Depth Interval BGS _____ Diameter _____
 Total Depth BGS of Well Casing: _____ Depth of Perforated Interval BGS: _____
 Total Depth of Well Below TOC: _____ Depth of Perforated Interval Below TOC: _____

WELL DESIGN Geologic Log Geophysical Log Sieve Analysis

Codes: B = Bentonite Seal C = Casing CC = Conductor Casing
 CL = Centralizer EC = End Cap F = Filter G = Grout
 N = Native Fill S = Screen TS = Transition Seal

CONSTRUCTION TIME LOG

Casing/Screen			Annular Materials			Task	Start		Finish	
Feet	- BGS	Code	Feet	- BGS	Code		Date	Time	Date	Time
-			-			Drilling				
-			-			Conductor Casing				
-			-			Geophys.				
-			-			Casing				
-			-			Filter				
-			-			Seal (B/TS)				
-			-			Grout				
-			-			Other				

Filter Material: _____ **Well Casing:** _____
Seal (B/TS): _____ C1
Grout: _____ C2
Native Material: _____ **Well Screen:** _____
 S1
Surface Finish: _____
Centralizers: _____ S2
Other: _____ **Conductor** CC1 _____
Casing: CC2 _____

Project No. _____ **Figure No.** _____

FIELD WELL CONSTRUCTION SUMMARY WELL CASING INSTALLATION

Well ID: _____

Project/Task No.: _____

I. Section Measurements: (to 0.01 of a foot)

Well casing sections (A)

Total = _____ (1)

Well screen sections (B)

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Total = _____ (2)

Length from top of screen section to top perforation

(C) = _____ (3)

Length from bottom of screen section to bottom perforation

(D) = _____ (4)

Length of bottom endcap + tailpipe (measured inside of cap)

(E) = _____ (5)

II. Total Measurements Referenced to GS: (to 0.01 of a foot)

Total length of well casing

(1+2+5) = _____ (6)

Total length of perforated interval

(2-3-4) = _____ (7)

Temporary height/depth of top of casing AGS (+) / BGS (-)

(1) Desired depth to top of screen interval _____ (8a) (1+3-8a) = _____ (9a)

or (2) Desired depth to bottom of screen interval _____ (8b) (1+3+7-8b) = _____ (9b)

Actual height/depth of top of casing after installation (to 0.01 of a foot) = _____ (9c)

Total depth of well (BGS) (to 0.10 of a foot) (6-9c) = _____ (10)

Depth of perforated interval (BGS) (to 0.10 of a foot) Bottom (10-5-4) = _____ (11)

Top (11-7) = _____

III. Surface Completion: (to 0.10 of a foot)

Top of casing adjustments: Casing removed (-) / added (+)

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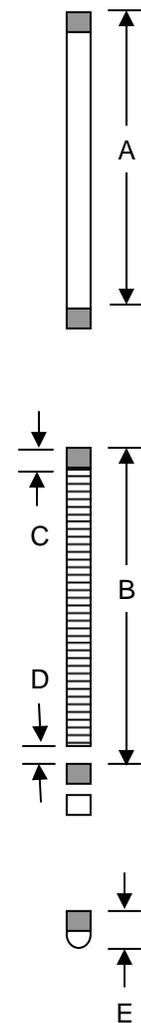
 Total = _____ (12)

Final TOC: AGS (+) / BGS (-) (9c-12) = _____ (13)

Total Depth of Well below TOC (to 0.10 of a foot) (6-12) = _____ (14)

Depth of Perforated Interval below (TOC) (to 0.10 of a foot) Bottom (14-5-4) = _____ (15)

Top (15-7) = _____



Note: All measurements of well casing and screen sections to be to the nearest 0.01 ft. All final measurements referenced to ground surface and top of casing are to be to the nearest 0.10 ft.

GS = ground surface AGS = above ground surface BGS = below ground surface TOC = top of casing



SURFACE COMPLETION DETAILS FOR WELLS

Well ID: _____ Project/Task No.: _____

Surface Flush Mount Completion (to 0.10 of a foot)

Well Box Manufacturer: _____ Model No. _____

Well Box: Diameter: _____ Length _____ Bolt Type: Diameter _____ (fractions of an inch, e.g., 5/8) # Bolts: _____

Well Vault: Dimensions: Length _____ x Width _____ x Height _____
Bolt Type: Diameter _____ (fractions of an inch, e.g., 5/8) # Bolts: _____

Notes:

Above Grade Surface Completion (to 0.10 of a foot)

Steel Protective Cover: Length _____ Diameter or Width _____ Height AGS _____ Depth BGS _____
(circle one)

Cap Type (check one): Locking Hinged _____ Locking Slip Cap _____

Annular Space (check appropriate): Mortar Collar _____ Sand _____ Other _____ Drainage Hole _____ Height AGS _____

Concrete Pad Dimensions: Length _____ x Width _____ x Thickness _____

Steel Protective Bollards: # of _____ Length _____ Diameter or Width _____ Height AGS _____ Depth BGS _____
(circle one)

Radial Distance of Steel Protective Bollard from Well _____ AGS = above ground surface
BGS = below ground surface

Notes:

FIELD WELL CONSTRUCTION SUMMARY NOTES

Blank lines for field well construction summary notes.

FIELD INSTRUMENT CALIBRATION SHEET



Project Name: _____ **Project Number:** _____

Date: _____
Equipment Type: _____
Manufacturer: _____
Model Number: _____ **Serial Number:** _____

Calibration (as necessary, minimum twice per day):

Calibration #1 **Time:** _____
Calibration Standard: _____
Instrument Reading: _____

Calibration #2 **Time:** _____
Calibration Standard: _____
Instrument Reading: _____

Calibration #3 **Time:** _____
Calibration Standard: _____
Instrument Reading: _____

Calibration #4 **Time:** _____
Calibration Standard: _____
Instrument Reading: _____

Date of Last Calibration: _____ Date(s) Instrument Used: _____
Name of person(s) who calibrated instruments: _____

Calibration Standards Used:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Source of Calibration Standards: _____

Misc. Comments:

Calibrated by: _____



Surface Water Discharge Measurement/Sample Notes

Sta. No. _____

Site Name: _____

Date: _____ Time: _____

Field Crew: _____

Discharge Summary

Total Discharge (cfs) _____ Type of Meter _____

Width (ft) _____ Method _____

Area _____

Average Velocity _____

Sample Summary

Samples Collected: _____

Sample Method: EWI _____ Grab _____

Sample Time: _____

Bottle List _____

Site Information

Wading _____ feet above/below gage

Measurement Rating: Excellent ____ Good ____ Fair ____ Poor ____

Flow (describe) _____

Cross Section (describe) _____

Weather _____

Remarks _____

ORP CALIBRATION STANDARD UNITS

TEMP(c) Ag/AgCl (mv)

-5 270.0

0 263.5

5 257.0

10 250.5

15 244.0

20 237.5

25 231.0

30 224.5

35 218.0

40 211.5

45 205.0

50 198.5

