

# Geothermal Feature Survey Form

Feature ID		Historic ID		Feature Name	
Geothermal Field		Historic / Local Name			
Field Code		Survey			
Coordinates (Northing / latitude)			Error Estimate		
Coordinates (Easting / longitude)			Elevation		
GPS WP No.		Relationship to Feature (outlet, centre, etc)			
Map Sheet		Map Datum		Elevation Datum	
Feature Type		Date / Time		Observer(s)	
Description					

<i>Sketch Map: Show dimensions, North, photo point (P), sample (S), temperature (T), coordinate location (C) and relationship to nearby features</i>	Size	
	Colour	
	Clarity, Turbidity	
	Ebullition	
	Odour Gas	
	Temperature	
	Water Level	
	Flow Rate	
	Wind Speed	
	Air Temperature	
	Camera	
	Image Number	
	Water Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<i>Details</i>	
	Isotope Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<i>Details</i>	
	Gas Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<i>Details</i>	
	Biological Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<i>Details</i>	

Additional Comments			
Feature Use		Feature Threats	
Access Information			

## OFFICE USE ONLY

Reference		Date Entered		Entered By	
Photographs Downloaded	YES <input type="checkbox"/> NO <input type="checkbox"/>	Where			



### Geothermal Feature Re-Survey Form

Survey		Date/Time		Observer(s)			
Feature ID		Feature Name					
Description							
<i>Sketch Map: Show dimensions, North, photo point (P), sample (S), temperature (T), coordinate location (C) and relationship to nearby features</i>							
						Size	
						Colour	
						Clarity, Turbidity	
						Ebullition	
						Odour Gas	
						Temperature	
						Water Level	
						Flow Rate	
						Wind Speed	
						Air Temperature	
						Camera	
						Image Number	
						Water Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
						<i>Details</i>	
						Isotope Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
						<i>Details</i>	
						Gas Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
						<i>Details</i>	
						Biological Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Details</i>							
Additional Comments							

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						<i>Details</i>	
						Isotope Sample	YES <input type="checkbox"/> NO <input type="checkbox"/>
						<i>Details</i>	
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Additional Comments							

