| Add municipal logo here or delete this text | Add municipal entity’s name hereAdd municipal entity’s address herePumping Test ReportPrivate Wells  |       Date      Previously issued well construction permit # |
| --- | --- | --- |
| Please Print**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.keys | A. General Information  |
|       Address of property |
|       Assessor’s map  |       Parcel |
|       Property owner |
| B. Certification |
|       Name of well drilling company  |      Well driller certification number  |
|       Name of well driller |      Phone |
|  Signature of well driller |      Date signed |
| *I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate, and complete to the best of my knowledge and belief.* |
|  | C. Well Construction Details |
|  | All depth measurements should be accurate to hundredths of a foot.  |
|  |       Type of well |       Use |
|  |       Diameter of open borehole or well screen (in inches) |       Diameter of well casing (in inches) |
|  |       Depth to bedrock (feet below ground surface) |       Depth of well casing (feet below ground surface) |
|  |  Seal has been tested Yes [ ]  No [ ]  |       Date of test |
|  |       Depth of well |   |
|  |       Depth to static water level (feet below ground surface)  |       Date of well completion |
|  | D. Pumping Test Results  |
|  | All depth measurements should be accurate to hundredths of a foot.  |
|  | Date pumping test performed:  |        |
|  | Well casing stickup at time of pumping test (feet above grade):  |        |
|  | Static water level immediately prior to start of pumping test (feet below top of well casing):  |        |
|  | Depth of pump setting during pumping test (feet below top of well casing):  |        |
|  | Distance between well and point of discharge (in feet):  |        |
|  | Duration of pumping portion of test: |        |
|  | Duration of recovery portion of test (not to exceed 24 hours):       hours and       minutes. |
|  | D. Pumping Test Results (continued) |
|  | Maximum drawdown (feet below top of well casing): |       |
|  | Final recovery water level measurement (taken at the end of the recovery portion of test at the time listed above in feet below top of well casing):       |
|  | Enter the result from the following calculation using the information that you entered above: [final depth to recovery water level minus (–) depth to static water level] divided by [depth to maximum drawdown minus (–) depth to static water level] =       (rounded to the nearest hundredths). |
|  |
|  | If the result from the above calculation is 0.15 or less, the well meets the recovery requirements. |
|  |  Well yield (in gallons per minute): |        |  |
|  | E. Table |
|  | Attach to this application form, a table showing the following information regarding the pumping test: |
|  | Time (HH:MM) | Measured water level (depth in feet below top of well casing) | Pumping rate (in gallons per minute) | Comments |
|  |       |       |       |       |
|  | Use the comments field in combination with time entries to note the following: * start of pumping test
* time of any temporary pump shutdowns during test
* time of any restarts at end of temporary shut down
* time of final pump shut down
 |
|  |  |