WATER WELL TEST RESULTS

Project Number: **Ticket Number:** **Date:**

COMPANY INFORMATION

Company Name: _____

Test Ordered By: _____

Well Location: _____

Conducted By: _____

LANDOWNER INFORMATION

Landowner: Mr. ☐ Mrs. ☐ _____

Legal Description: _____

Address: _____

Phone Number: _____

WATER WELL INFORMATION

Water Well Setting: _____

Date Well Drilled: _____

Present Well Use: _____

Type of Well: _____

Well Depth: _____ meters ☐ feet ☐

Pump Depth: _____ meters ☐ feet ☐

Pump Rating / Type: _____

Casing Size: _____ inch

Casing Height Above Ground: _____ meters ☐ feet ☐

Static Water Level: _____ meters ☐ feet ☐

Available Drawdown: _____ meters ☐ feet ☐

Original test ☐ Retest ☐

WATER DESCRIPTION

Project Number: Ticket Number: Date:

RECHARGE ABILITY

SPECIAL EQUIPMENT / PROCEDURES REQUIRED TO COMPLETE TEST

SAMPLES TAKEN

COMMENTS

DIRECTIONS

Project Number: Ticket Number: Date:

WATER WELL PUMP TEST DATA

Company Name:
Legal Description:

Time Elapsed	Depth to Water	Discharge Rate	Remarks	Time Elapsed	Depth to Water
0				0	
1				1	
2				2	
3				3	
4				4	
5				5	
6				6	
8				8	
10				10	
12				12	
16				16	
20				20	
25				25	
30				30	
40				40	
50				50	
60				60	
80				80	
100				100	
120				120	
150				150	
190				190	
240				240	
300				300	