



WELL YIELD AND PUMP TEST REPORT

Name of the applicant _____

Location of the well _____

APN # _____

Date of pump test _____ Pump rate during test _____ g.p.m.

Duration of continuous pumping hours _____ Total yield _____ gallons

Draw down during pumping test _____ ft. Static water level _____ ft.

Pumping water level _____ ft.

I certify that I performed the pump test and the information provided here is correct to the best of my knowledge.

(signature)

(date)

(license/registration number)

- Licensed Well Drilling Contractor (C-57)
- Licensed Pump / Motor Specialist (C-61)
- Registered Environmental Health Specialist
- Registered Engineer
- Registered Geologist

NOTE: Section B11-119 (a) (4) States the applicant must notify the Senior Environmental Health Specialist at least 24 hours before the beginning of any pump test which is intended to establish source capacity.

Section B11-119 (a) (1) States for each connection to an individual or shared water system where the source of water is a well, a source capacity of 2.5 gpm must be sustained during a 24 hour period of pumping, or until 3600 gallons per proposed connection have been achieved during a time period of 24 hours or less of continuous pumping.

Section B11-118 (b) Requires that the state certified laboratory test report include the following: total coliform, aluminum, arsenic, barium, cadmium, chromium, fluoride, iron, lead, manganese, mercury, nitrate (as NO₃), selenium and silver.