

## Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

## Well Location:

Address: 4464 KILKENNY RD.  
LYN. ONT

Well Tag: \_\_\_\_\_

GPS Coordinance: N \_\_\_\_\_ W \_\_\_\_\_

## Inspection:

Good Fair Poor N/A

Pump ☐ ☐ ☐ ☐

Type SHALLOW JET Voltage 115

Pressure Tank ☐ ☒ ☐ ☐

Type BLUNDER Age +10YRS

Filtration ☐ ☐ ☐ ☒

Type \_\_\_\_\_

Ultra Violet Date of last service ☒

Type \_\_\_\_\_

## Good Fair Poor N/A

Well ☐ ☐ ☐ ☐

Type 6" DRILLED Depth 43? ft.

Electrical ☐ ☐ ☐ ☒

Notes: \_\_\_\_\_

Vermin Proof Cap Yes ☒ No

Notes: \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

## Water Analysis:

Hardness 17 grains

Iron <1 ppm

H<sup>2</sup>S 0 ppm

TDS 383 ppm

Ph 7

Chlorine 0 ppm

Other 0

## Notes and Recommendations

Minutes	Pumping	Recovery	Rate (usgpm)
1	24.6	31.0	6.2
2	25.0	28.6	
3	25.4	26.3	
4	25.6	24.7	
5	25.8	24.0	
6	30.0		
7	30.3		
8	30.6		
9	30.7		
10	30.8		6.2
13	31.0		
15	31.3		
20	31.3		
25	31.3		
30			
40			
50			
60	31.3		6.2

Static 24.6 ft. Static at end of pumping 31.3 ft. Final recovery 24.6 ft. Total pumped 372 usgal.

The data in the attached table supports the conclusion that the well is producing \_\_\_\_\_ usgal per minute.

I hereby certify that the data on this report is true and accurate to my knowledge at the time of testing.

Name: WILL HAMILTON

Signature: Will Hamilton

Date: OCT 04, 2024

The pumping test has been done in accordance with the requirements in the Water Act and the Ground Water Protection Regulation.

**PLEASE NOTE:** The data recorded in this pumping test report reflect conditions at the time of the test. Water levels, well performance, estimated long-term well yield and water quality are not guaranteed as they are influenced by a number of factors, including natural variability, human activities, and condition of the works, which may change over time.

