

Client Information
Name: _____
Address: _____
Phone: (H) _____ (W) _____

Well Location:
Address: 293 HUNT CLUB
MADOC, ONT.
Well Tag: _____
GPS Coordianance: N _____ W _____

<p>Inspection: Good Fair Poor N/A</p> <p>Pump <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Type <u>SUBMERSIBLE</u> Voltage <u>230</u></p> <p>Pressure Tank <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Type <u>BLADDER</u> Age <u>+5 YR</u></p> <p>Filtration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Type _____</p> <p>Ultra Violet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Type _____</p>	<p>Good Fair Poor N/A</p> <p>Well <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Type <u>6" DRILLED</u> Depth <u>83?</u> ft.</p> <p>Electrical <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Notes: _____</p> <p>Vermin Proof Cap <u>Yes</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Notes: _____</p> <p>Other _____</p>	<p>Water Analysis:</p> <p>Hardness <u>19</u> grains</p> <p>Iron <u><1</u> ppm</p> <p>H²S <u>0</u> ppm</p> <p>TDS <u>286</u> ppm</p> <p>Ph <u>7</u></p> <p>Chlorine <u>0</u> ppm</p> <p>Other <u>0</u></p>
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Minutes	Pumping	Recovery	Rate (usgpm)	Notes and Recommendations
1	28'	45'	6.4	
2	33'	42		
3	36'	38		
4	40	35		
5	44	33		
6	46	31		
7	47	30		
8	47	30		
9	47	30		
10		30	6.4	
13		30		
15		30		
20		29		
25		1		
30		29	6.4	
40				
50				
60	47	PREVIOUS RECORD	6.4	

Static 28 ft. Static at end of pumping 47 ft. Final recovery 28 ft. Total pumped 384 usgal.

The data in the attached table supports the conclusion that the well is producing 6.4 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: NOV. 13, 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.

WATER RESULTS BY TELEPHONE

Please follow these steps:

1. **REMOVE ONE OF THE BAR CODES FROM THE BOTTLE AND ATTACH IT HERE**



This bar code is your

PERSONAL IDENTIFICATION NUMBER (PIN).

You will need it to get your results over the telephone.

2. Call 1-877-723-3426, 2 to 3 business days after dropping off your water samples at the laboratory (4 to 5 business days if deposited at your local health unit). Follow the telephone instructions. The pound key looks like this #.

For teletypewriter (TTY) calls:

1. Call 711 with your TTY device or follow the instructions provided by your telecommunications provider to call the Relay Service Provider.
2. Give operator the PIN (bar code) and ask them to call 1-877-723-3426.
3. Instruct them press 1 for English and follow the prompts.

**KEEP THIS CARD
FOR YOUR RECORDS**

Ontario 