

Client Information

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Well Location:

Address: 1084 Moon Rd

Well Tag: _____

GPS Coordinance: N _____ W _____

Inspection: Good Fair Poor N/A

Pump

Type submersible Voltage _____

Pressure Tank

Type bladder Age + 6 yrs

Filtration

Type _____

Ultra Violet Date of last service _____

Type _____

Good Fair Poor N/A

Well

Type drilled Depth 140 ft.

Electrical

Notes: _____

Vermin Proof Cap Yes No

Notes: _____

Other _____

Water Analysis:

Hardness 18 grains

Iron <1 ppm

H²S <1 ppm

TDS 347 ppm

Ph ?

Chlorine 0 ppm

Other _____

Minutes	Pumping	Recovery	Rate (usgpm)
1	20	109	6
2	21	107	6
3	22	104	6
4	23	102	6
5	24	98	6
6	25	94	6
7	27	91	6
8	29	87	6
9	31	82	6
10	33	78	6
13	39	70	6
15	43	67	6
20	52	62	6
25	63	57	6
30	72	50	6
40	88	39	6
50	102	20	6
60	109	\	6

Notes and Recommendations

• Vermin Proof cap should be installed
• Recommendation of water softener and UV light

* Extension of well - plastic

Static 20 ft. Static at end of pumping 6 ft. Final recovery 20 ft. Total pumped 360 usgal.

The data in the attached table supports the conclusion that the well is producing 6 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: Dwan Hamilton Signature: Dwan Hamilton Date: 08/18/25

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.

