

Client Information

Name: _____
Address: _____

Phone: (H) _____ (W) _____

Well Location:

Address: 101 MINCHINBROOK RD.
VERONA

Well Tag: _____
GPS Coordiance: N _____ W _____

Inspection: Good Fair Poor N/A

Pump
Type SUBMERSIBLE Voltage 230
Pressure Tank
Type BLADDER Age 7.5 YR
Filtration
Type AIR INJ. SOFTENER - AK
Ultra Violet Date of last service _____
Type _____

Good Fair Poor N/A

Well
Type DRILLED Depth 108' ft.
Electrical
Notes: _____
Vermin Proof Cap Yes/No
Notes: _____
Other _____

Water Analysis:

Hardness 18 grains
Iron 21 ppm
H²S 1 ppm
TDS 383 ppm
Ph 7
Chlorine 0 ppm
Other 0

Minutes	Pumping	Recovery	Rate (usgpm)
1	28.6	29.6	6.5
2	28.9	28.7	
3	29.3	28.5	
4	29.5	28.5	
5	29.6	28.5	
6	29.7	28.4	
7	29.7	28.4	
8	29.7	28.4	
9	29.7	28.4	
10	29.7	28.3	6.8
13	29.7		
15	29.8		
20	29.8		6.8
25	29.8		
30	29.9		
40	29.9		6.8
50	29.9		
60	29.9		6.8

Notes and Recommendations
* SYSTEM IS FUNCTIONING AS DESIGNED.
* WE ALWAYS RECOMMEND ADDING A ULTRA VIOLET LIGHT

Static 28.3 ft. Static at end of pumping 29.9 ft. Final recovery 28.3 ft. Total pumped 408 usgal.

The data in the attached table supports the conclusion that the well is producing 6.8⁺ usgal per minute.

I hereby certify that the data on this report is true and accurate to my knowledge at the time of testing.
Signature: _____ Date: APR. 13, 2026

