

Client Information

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Well Location:

Address: 163 MAIN ST

SKELLY'S BAY

Well Tag: _____

GPS Coordinance: N _____ W _____

Inspection: Good Fair Poor N/A

Pump
Type SUBMERSIBLE Voltage 230

Pressure Tank
Type BLADDER Age +5 YRS

Filtration
Type CULLIGAN SOFTENER

Ultra Violet _____ Date of last service _____
Type _____

Good Fair Poor N/A

Well
Type 6" DRILL Depth 72? ft.

Electrical
Notes: _____

Vermin Proof Cap Yes/No
Notes: _____

Other _____

Water Analysis:

Hardness 18 grains

Iron <1 ppm

H²S 0 ppm

TDS 343 ppm

Ph 7

Chlorine 0 ppm

Other 0

Minutes	Pumping	Recovery	Rate (usgpm)
1	27.4	31.5	5.0
2	27.7	28.6	
3	27.9	28.4	
4	28.2	28.1	
5	28.5	27.7	
6	28.9	27.5	
7	29.6	27.3	
8	30.7	27.0	
9	31.5	26.6	
10	32.0	26.4	5.0
13	32.1	26.2	
15	32.2	26.1	5.0
20	32.2		
25	32.2		
30	32.2		5.0
40	32.2		
50	32.2		
60	32.2		5.0

Notes and Recommendations

SHOULD CONSIDER
① VERMIN PROOF CAP
② ULTRA VIOLET LIGHT.

Static 26.1 ft. Static at end of pumping 32.2 ft. Final recovery 26.1 ft. Total pumped 300 usgal.

The data in the attached table supports the conclusion that the well is producing 5 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: APR. 29