

AskWill Water Technology

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Client Information

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Well Location:

Address: 14184 HWY 41
CLOYNE, ONT

Well Tag: _____

GPS Coordianance: N _____ . W _____

Inspection:

Good Fair Poor N/A

Pump
Type JET PUMP Voltage 110V

Pressure Tank
Type BLADDER Age 5 YRS

Filtration

Type _____

Ultra Violet
Date of last service _____

Type _____

Good Fair Poor N/A

Well
Type 6" DRILL Depth 60? ft.

Electrical
Notes: _____

Vermine Proof Cap Yes/No _____

Notes: _____

Other _____

Water Analysis:

Hardness 18 grains

Iron <1 ppm

H²S 0 ppm

TDS 287 ppm

Ph 7

Chlorine 0 ppm

Other 0

Minutes	Pumping	Recovery	Rate (usgpm)
1			4.3
2			
3			
4			
5			
6			4.3
7			
8			
9			
10			4.3
13			
15			
20			4.3
25			
30			
40			
50			
60			4.3

BURIED
WELL HEAD

Notes and Recommendations

PUMPED 4.3 GPM / 60 MIN
PUMPED MAINTAINED 45 PSI FOR DURATION

WATER SAMPLE

Static _____ ft. Static at end of pumping _____ ft. Final recovery _____ ft. Total pumped 258 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: MAY 28, 2026

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.