



Applicant: _____

Address: _____

Phone: _____

Well Location: _____ Quarter of Section _____, Twp. _____, Rge. _____, W of _____M.

Observation well locations: **Attach plan showing location of pumped well and observation wells, including directions and distances from pumped well.**

Water levels measured with:

- Electric Tape
- Air Line
- Wetted Tape
- Other _____

Water level measured from: _____
(Top of casing, ground level, other)

Pumping rate: _____ Imperial gallons per minute

Measured with:

- Circular Orifice
- Barrel and Stop Watch
- Weir
- Other _____

Type of pump: _____ Powered by: _____
(Turbine, Centrifugal, etc.) (Electric, Gas, etc.)

Pump intake set at: _____ feet below top of casing.

Name of observer: _____

Note: Water should be discharged in such a manner as to prevent it from returning to the aquifer during testing.

Date _____

Start of Test _____ a.m. _____ p.m.

DRAWDOWN DATA

Time since Pump Began (in minutes)	Depth to Water Level (in ft <input type="checkbox"/> in m <input type="checkbox"/>)					Remarks
	Pumped Well	Observation Wells				
		No. 1	No. 2	No. 3	No. 4	
0						
1						
2						
3						
5						
7						
10						
15						
20						
30						
40						
60						
80						
100						
140						
180						
240						
300						
360						
180						
600						
720						
900						
1080						
1260						
1440						

RECOVERY DATA

Time since Pump Stopped (in minutes)	Σt	Depth to Water Level (in ft <input type="checkbox"/> in m <input type="checkbox"/>)					Remarks
		Pumped Well	Observation Wells				
			No. 1	No. 2	No. 3	No. 4	
0	Σt						
1	1441						
2	1442						
3	1443						
4	1444						
5	1445						
6	1446						
8	1448						
10	1450						
15	1455						
20	1460						
25	1465						
30	1470						
40	1480						
60	1500						
120	1560						
240	1680						
480	1920						
720	2160						
960	2400						
1440	2880						

Signature

Plan(s) Attached? Yes No