



# SUPPLEMENTARY WATER WELL QUANTITY TEST

NOTE: THIS FORM ONLY REQUIRED TO BE FILLED OUT WHEN EXISTING WELL RECORDS ARE MORE THAN 3 YEARS OLD OR ADDITIONAL INFORMATION OTHER THAN THE MOE WELL RECORD IS REQUIRED.

Well Location: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Well Technician's Name: \_\_\_\_\_

Firm's Name: \_\_\_\_\_

Well Technicians's Licence #: \_\_\_\_\_

Well Depth: \_\_\_\_\_

Well Diameter: \_\_\_\_\_

Part A Pumping Test Data				Part B Recovery Test Data							
Date:		Time:		Pump Rate (in GPM)		Date:		Time:		<input type="checkbox"/> Natural Recovery <input type="checkbox"/> Continuous Pumping @ _____ gpm	
Elapsed Time (Min)	Water Level	Drawdown	Notes	Elapsed Time (Min)	Water Level	Drawdown	Notes				
0.0				0.0							
1.0				1.0							
2.0				2.0							
3.0				3.0							
4.0				4.0							
5.0				5.0							
10.0				10.0							
15.0				15.0							
20.0				20.0							
25.0				25.0							
30.0				30.0							
40.0				40.0							
50.0				50.0							
60.0				60.0							

### DECLARATION OF WELL TECHNICIAN

I, \_\_\_\_\_ am the technician named above and certify the accuracy of these test results.

Signature \_\_\_\_\_ Date: \_\_\_\_\_