WELL PUMP – FIELD TEST

OWNER'S NAME: _____ DATE: _____

HIGHLANDS FILE NO.: _____ WELL NO.: _____

LOCATION: _____ TEST NO.: _____

_____ SHEET: _____ of _____

❑ Drawdown

❑ Recovery

Reading No.	Time from Start	Depth to water	Draw Down	Flow Measurement Data			Comments
	min	m	m	min	l	lpm	