



WELL PUMP – TEST SUMMARY

OWNER'S NAME: _____

DATE: _____

HIGHLANDS FILE NO.: _____

WELL NO.: _____

LOCATION: _____
(UTM coord
And description) _____

TEST NO.: _____

SHEET: _____ of _____

Well Completion Date	Screen Design (mark one)	Description of Aquifer
Depth _____ m	<input type="checkbox"/> Open Hole <input type="checkbox"/> Slotted Casing	_____
Diameter _____ mm	<input type="checkbox"/> Screen <input type="checkbox"/> Gravel Pack	_____
Static Water Level _____ m	<input type="checkbox"/> Other _____	_____
	Screen interval _____ m to _____ m	

Pump Test

Start: Date (d/m/y) _____ Time (h:m) _____

Pump Type Elect submersible Jet Air lift
 Other (describe): _____

Test pump set at _____ m below ground

Water level sounded by: Electric tape Air bubbler Steel tape
 Other (describe): _____

Flow measured by: Container & Watch Flow meter Orifice & tube
 Other (describe): _____

Test

Water Samples Taken During Test

Initial non-pumping level _____ m
Constant rate of yield _____ lpm
Test duration _____ h
Drawdown at end of test _____ m
Recommended pumping rate _____ lpm

Chemical Analysis Yes No
Bacterial Analysis Yes No
Water Temperature _____ °C
Any particular gas smells noted _____

Comments on clarity of water

Other comments:

