

Pumping Test Report

Permit NO:	Date of Test:	Street # and Name	Bld. Lot:
Depth of Well	Depth of Pump	Hydrofracture: Yes: No: Date	Test Pump Horsepower:
Depth Of Pump Installed For Facility:		Facility Pump Horsepower:	

Depth Meter Used:

Start Time:	Static Level:		Comments
Time of Reading Readings to be taken every 30 min.	Depth to water TOC*	Flow (gpm)	
#1			
#2			(end of 1 st hr)
#3			
#4			
#5			
#6			
#7			
#8			(must flow at 2 gpm or greater-Section 8.7.3)

Total Flow after 4-hours=	(must exceed 1,200 gallons-Section 8.7.3)
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85% Recovery Level Calculation	
Level @#8=	
Minus the Static Level=	
Change in Level=	
Change times 0.85=	
Level @8-(line above)=	85% Recovery Level-Section 8.7.3

Actual Water Level within the 24 hour recovery period=
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Water quantity for the well: Passes ____.

Fails ____.

I certify that the flow test I performed was done according to the Hopkinton Board of Health requirements.

Board of Health Witness _____

Signature of Test Operator _____

Print Test Operator Name _____

Name of Company Performing Test _____

*TOC = Top of Casing