

**VENTURA COUNTY
PUBLIC WORKS AGENCY
PUMP & RECOVERY TEST
FOR WATER WELLS**

I. Well Owner Information

Name: _____

Address: _____

Telephone: () _____

II. Driller/Consultant Information (person who performs or oversees test).

Name: _____

Company Name: _____

Address: _____

Telephone: () _____

C-57 Driller

Registered Geologist

Registered Engineering Geologist

Registered Engineer

Pump Contractor

License Number: _____

Expiration Date: _____

Name of person actually performing test: _____

III. Well Data:

County Well Permit Number (if drilled after 1970): _____

State Well Number (if known): _____

0 Date Drilled: _____

Driller's Name _____

Depth of Well: _____

Casing Diameter: _____

Casing Perforations (feet): _____

Location of well (if different from owner's above also attached map showing location of well and property relative to public roads or other landmarks):

IV. Test Method:

Pumping Method

Owner's existing turbine pump

Installed temporary turbine pump

Owner's existing submersible pump

Installed temporary submersible pump

Horsepower of pump: _____

Water Level Measuring Method

Tape measurement (kind: _____)

Acoustic sounder (kind: _____)

Electrical (conductivity) sounder (kind: _____)

Air line (set at _____ feet of depth)

Flow Measuring Method

Pump set at _____ feet of depth.

How was flow rate (gpm) measured?: _____

Diameter of discharge pipe: _____

Was flow measured directly from pump discharge line or from another point (such as pressure tank, faucet at house, etc.)?

Was discharge line "throttled down" or pump speed altered? _____

Dates of Test

Date that test began: (Day/Month/Year): _____

Date that test ended: (Day/Month/Year): _____

V. Pump Test Data

Total Elapsed Time	Clock Time (AM/PM) (Hrs/Min)	Depth-to-Water Meas. (ft.) <hr/> (Static Level)	Drawdown from Start Level (ft.)	Rate of Discharge in GPM	Comments or Changes in Methods Static Water Level Start Pump
0 (Start Time)	_____	_____	□	□	_____
(Measure <u>every minute</u> until 10 minutes elapsed time).					
1 minute	_____	_____	_____	_____	_____
2 minutes	_____	_____	_____	_____	_____
3 minutes	_____	_____	_____	_____	_____
4 minutes	_____	_____	_____	_____	_____
5 minutes	_____	_____	_____	_____	_____
6 minutes	_____	_____	_____	_____	_____
7 minutes	_____	_____	_____	_____	_____
8 minutes	_____	_____	_____	_____	_____
9 minutes	_____	_____	_____	_____	_____
10 minutes	_____	_____	_____	_____	_____
(Measure <u>every five minutes</u> until 45 minutes elapsed time).					
15 minutes	_____	_____	_____	_____	_____
20 minutes	_____	_____	_____	_____	_____
25 minutes	_____	_____	_____	_____	_____
30 minutes	_____	_____	_____	_____	_____
35 minutes	_____	_____	_____	_____	_____
40 minutes	_____	_____	_____	_____	_____
45 minutes	_____	_____	_____	_____	_____
(Measure <u>every 15 minutes</u> until 90 minutes elapsed time).					
60 minutes	_____	_____	_____	_____	_____
75 minutes	_____	_____	_____	_____	_____
90 minutes	_____	_____	_____	_____	_____
(Measure <u>every 30 minutes</u> until 180 minutes elapsed time).					
120 minutes (2 hrs.)	_____	_____	_____	_____	_____
150 minutes	_____	_____	_____	_____	_____
180 minutes (3 hrs.)	_____	_____	_____	_____	_____
(Measure <u>every hour</u> until 24 hours elapsed time).					
4 hours	_____	_____	_____	_____	_____
5 hours	_____	_____	_____	_____	_____
6 hours	_____	_____	_____	_____	_____
7 hours	_____	_____	_____	_____	_____
8 hours	_____	_____	_____	_____	_____
9 hours	_____	_____	_____	_____	_____
10 hours	_____	_____	_____	_____	_____
11 hours	_____	_____	_____	_____	_____
12 hours	_____	_____	_____	_____	_____
13 hours	_____	_____	_____	_____	_____
14 hours	_____	_____	_____	_____	_____
15 hours	_____	_____	_____	_____	_____
16 hours	_____	_____	_____	_____	_____
17 hours	_____	_____	_____	_____	_____
18 hours	_____	_____	_____	_____	_____
19 hours	_____	_____	_____	_____	_____

20 hours	_____	_____	_____	_____	_____
21 hours	_____	_____	_____	_____	_____
22 hours	_____	_____	_____	_____	_____
23 hours	_____	_____	_____	_____	_____
24 hours	_____	_____	_____	_____	_____

VI.Recovery Test Data: Begin Recovery Test one minute after completion of Pump Test

Total Elapsed Time	Clock Time (AM/PM) (Hrs/Min)	Depth-to-Water Meas. (ft.)	Residual Drawdown* (ft.)	Comments
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*Recovery: Calculate distance from lowest pumping drawdown level back to starting static level.

(Measure every minute from immediate end of 24 hour pumping test until 10 minutes elapsed time)

1 minute	_____	_____	_____	_____
2 minutes	_____	_____	_____	_____
3 minutes	_____	_____	_____	_____
4 minutes	_____	_____	_____	_____
5 minutes	_____	_____	_____	_____
6 minutes	_____	_____	_____	_____
7 minutes	_____	_____	_____	_____
8 minutes	_____	_____	_____	_____
9 minutes	_____	_____	_____	_____
10 minutes	_____	_____	_____	_____

(Measure every five minutes until 45 minutes elapsed time).

15 minutes	_____	_____	_____	_____
20 minutes	_____	_____	_____	_____
25 minutes	_____	_____	_____	_____
30 minutes	_____	_____	_____	_____
35 minutes	_____	_____	_____	_____
40 minutes	_____	_____	_____	_____
45 minutes	_____	_____	_____	_____

(Measure every 15 minutes until 90 minutes elapsed time).

60 minutes	_____	_____	_____	_____
75 minutes	_____	_____	_____	_____
90 minutes	_____	_____	_____	_____

(Measure every 30 minutes until 180 minutes elapsed time).

120 minutes	_____	_____	_____	_____
150 minutes	_____	_____	_____	_____
180 minutes	_____	_____	_____	_____

(Measure every hour until 24 hours elapsed time).

4 hours	_____	_____	_____	_____
5 hours	_____	_____	_____	_____
6 hours	_____	_____	_____	_____
7 hours	_____	_____	_____	_____
8 hours	_____	_____	_____	_____
9 hours	_____	_____	_____	_____
10 hours	_____	_____	_____	_____
11 hours	_____	_____	_____	_____
12 hours	_____	_____	_____	_____
13 hours	_____	_____	_____	_____
14 hours	_____	_____	_____	_____
15 hours	_____	_____	_____	_____
16 hours	_____	_____	_____	_____

17 hours	_____	_____	_____	_____
18 hours	_____	_____	_____	_____
19 hours	_____	_____	_____	_____
20 hours	_____	_____	_____	_____
21 hours	_____	_____	_____	_____
22 hours	_____	_____	_____	_____
23 hours	_____	_____	_____	_____
24 hours	_____	_____	_____	_____

-End of Test-

I certify that the above test was performed as shown above under my supervision and the data entered hereon is true and accurate for the dates tested

Signature: _____ License No. _____ Date: _____