

TEST INFORMATION SHEET

SECTION 1: WATER WELL OWNER INFORMATION

1A NAME OF WELL OWNER

1B ADDRESS (Attach a map showing exact location):

1C TELEPHONE NUMBER OF WELL OWNER:

SECTION 2: WATER WELL DATA AND INFORMATION

2A GPS COORDINATES OF WELL:

Latitude (N):

Longitude (W):

2B DATE OF WELL CONSTRUCTION

2F PERFORATED INTERVALS
(ft bgs):

2C TOTAL CASING DEPTH (ft bgs):

2D CASING DIAMETER (inches)

2G TYPE OF PERFORATIONS:

2E TYPE OF CASING MATERIAL:

2H DEPTH OF SANITARY SEAL (ft bgs):

2I STATE WELL COMPLETION REPORT (DRILLERS' LOG) AVAILABLE?

YES _____ NO _____ LOG NO.: _____ (ALSO, ATTACH LOG)

SECTION 3: DRILLING CONTRACTOR INFORMATION

3A NAME OF DRILLING CONTRACTOR:

3B ADDRESS AND TELEPHONE NUMBER OF CONTRACTOR:

3C STATE CONTRACTOR'S LICENSE NO.:

SECTION 4: PUMP DATA/INFORMATION

4A MAKE AND MODEL OF PUMP:

4B TYPE OF PUMP (submersible/turbine) AND HP:

4C DEPTH OF PUMP INTAKE (ft bgs):

4D DIAMETER OF DISCHARGE PIPE (inches):

4E APPROXIMATE DISTANCE FROM WELLHEAD TO DISCHARGE LOCATION

4F DESCRIBE DISCHARGE LOCATION (NATURAL STREAM, OPEN FIELD, CEMENT CHANNEL, ETC.)

4G NAME, ADDRESS AND TELEPHONE NUMBER OF PUMP INSTALLER:

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SECTION 5: TEST INFORMATION/PARAMETERS

5A NAMES OF LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC WORKS OBSERVERS:

5B DATE(S) OF TESTING:

5C PRE-TEST STATIC WATER LEVEL (ft brp):

5D REFERENCE POINT (RP, in ft above ground surface):

5E STATIC WATER LEVEL = 5C-5D (ft bgs):

5F INITIAL TOTALIZER READING (gals or cubic ft, please specify):

5G FINAL TOTALIZER READING (gals or cubic ft, please specify):

5H TOTAL GALLONS PUMPED = 5G-5F (gals or cubic ft, please specify):

5I TOTAL LENGTH OF PUMPING TEST (min):

5J FINAL AVERAGE PUMPING RATE = 5H÷5I

5K MAXIMUM DEPTH OF PUMPING LEVEL (ft bgs):

5L MAXIMUM WATER LEVEL BREAKDOWN = 5K-5E (in ft):

5M SPECIFIC CAPACITY OF WELL = 5J÷5L (gpm/ft ddn):

NOTE: Please submit digital photographs of wellhead and site, showing piping and any nearby drainage areas.

Section 9: Hard Rock Well Yield Determination

The allowable (or permitted) yield of the well will be the total gallons pumped for 24 hours, as determined by the totalizer dial readings divided by the pumping duration of the test in minutes – 1440, provided that full recovery occurs within 24 hours.

For cases where full recovery does not occur within 24 hours, the allowable yield will be the total gallons pumped for 24 hours, as determined by the totalizer dial readings divided by the total number of minutes for full recovery.

A well that has not fully recovered within five days will be considered to be a non-sustainable source of water.

9A. Total gallons pumped for 24 hours: _____

9B. Total minutes required for Full Recovery: _____

9C. Divide 9A by 9B _____

WELL YIELD: _____

I certify that the information and data contained in this report accurately reflects the Performance of this well.

Signature _____ License _____

Date _____

Section 10: Alluvial Sediments Well Yield Determination

A. Constant Yield and Drawdown Test

The plotting of the drawdown over time is documented on the attached form.

The stable pumping level maintained during the four consecutive consistent
A drawdown measurement establishes the following:

WELL YIELD: _____

B. Total Yield Test

1. Total gallons pumped within 24 hours: _____

2. WELL YIELD (Total gallons pumped divided by 1440 minutes): _____

C. Recovery

1. Initial standing water level: _____

2. Standing water level 24 hours after the end of the Well Yield Test: _____

3. The percentage of recovery (Line 1 divided by line 2): _____

I certify that the information and data contained in this report accurately reflects the
Performance of this well.

Signature _____

License _____

Date _____

Location: _____

Well Tester: _____

Date: _____

Draw Down (Feet)

Time (Hours)

STABLE PUMPING LEVEL

