DNR 7811.93

PUMPING TEST RECORD
Observation Wells
ODNR-Division of Water
Water Resources Section

Owner _____ Address _____

Location of well on property _____

County _____ Township _____

Date _____ / _____ ODNR Log# _____ Other Well ID _____
(Test Started / Test Ended)

Company Conducting Test _____ Individual Making Measurements _____

Type of Test _____ Distance From Pumping Well _____

Measuring Equipment Used _____

Static Water Level (S_0) _____ Measuring Point _____ Elevation Above Ground _____

Pumping Water Level (ft.) _____ Depth of Pump (ft.) _____

Date	**Clock Time** (Use Military Time)	**Time Since Pumping Started** (In Minutes)	**Depth to Water** (S)	**Change in Water Level** ($S - S_0$)	**Discharge Rate** (GPM)	**Comments** (Include Weather Conditions)