



# NEW PUBLIC WATER SUPPLY WELL PUMP TEST REPORT

State Form 56206 (1-17)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Name of Facility: \_\_\_\_\_ PWSID Number: \_\_\_\_\_

Permit Number: WS-\_\_\_\_\_ Permit Issued Date (month, day, year): \_\_\_\_\_

Well Drill Date (month, day, year): \_\_\_\_\_ Pump Test Date (month, day, year): \_\_\_\_\_

Well Number or Name: \_\_\_\_\_ Pump Test Method: \_\_\_\_\_

Total Pump Test Time: \_\_\_\_\_ (Transient and Nontransient Noncommunity (serving less than two hundred fifty (250) population) will require at least a one (1) hour pump test, Community and Nontransient Noncommunity (serving over two hundred fifty (250) population) require a twenty-four (24) hour pump test. Different times may be granted if requested and subject to approval.)

Pump Test Start Time: \_\_\_\_\_  am  pm Pump Test End Time: \_\_\_\_\_  am  pm

Static Water Level at Start Time: \_\_\_\_\_ ft. Water Level at Peak Pumping: \_\_\_\_\_ ft.

Drawdown: \_\_\_\_\_ ft.

Specific Capacity: well yield (GPM) ÷ feet of drawdown = \_\_\_\_\_ GPM/feet of drawdown

Time	Water Level

Name of Well Driller: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Address:  
Number and Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_