

Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Well Location:

Address: 12090D LOYALIST PKWAY  
PICTON, ONT

Well Tag: \_\_\_\_\_

GPS Coordiance: N \_\_\_\_\_ W \_\_\_\_\_

Inspection: Good Fair Poor N/A

Pump  Good  Fair  Poor  N/A  
Type JET PUMP Voltage 230

Pressure Tank  Good  Fair  Poor  N/A  
Type BLADDER Age +5YR

Filtration  Good  Fair  Poor  N/A  
Type \_\_\_\_\_

Ultra Violet  Good  Fair  Poor  N/A  
Date of last service \_\_\_\_\_  
Type \_\_\_\_\_

Good Fair Poor N/A

Well  Good  Fair  Poor  N/A  
Type DUG Depth 13 ft.

Electrical  Good  Fair  Poor  N/A  
Notes: \_\_\_\_\_

Vermin Proof Cap Yes/No  No  
Notes: \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Water Analysis:

Hardness 14 grains

Iron <1 ppm

H<sup>2</sup>S 0 ppm

TDS 362 ppm

Ph 7

Chlorine 0 ppm

Other 0

Minutes	Pumping	Recovery	Rate (usgpm)
1	9'	9'	7.4
2			
3			
4			
5			
6			
7			
8			
9			
10	9'		7.4
13			
15			
20	9'		
25			
30			
40			
50			
60	9'		7.4

Notes and Recommendations

HOUSE SHOULD HAVE  
FILTRATION, ULTRAVIOLET LIGHT,  
REVERSE OSMOSIS.

Static 9 ft. Static at end of pumping 9 ft. Final recovery 9 ft. Total pumped 540 usgal.

The data in the attached table supports the conclusion that the well is producing 97 usgal per minute.

I hereby certify that the data on this report is true and accurate to my knowledge at the time of testing.

Name: WILL HAMILTON Signature: Will Hamilton Date: NOV. 08, 2024

The pumping test has been done in accordance with the requirements in the Water Act and the Ground Water Protection Regulation.  
**PLEASE NOTE:** The data recorded in this pumping test report reflect conditions at the time of the test. Water levels, well performance, estimated long-term well yield and water quality are not guaranteed as they are influenced by a number of factors, including natural variability, human activities, and condition of the works, which may change over time.