

Client Information
Name: _____
Address: _____
Phone: (H) _____ (W) _____

Well Location:
Address: 2901 CEDAR VALLEY RD.
Well Tag: _____
GPS Coordinnance: N _____ W _____

Inspection:	Good	Fair	Poor	N/A	Well	Good	Fair	Poor	N/A	Water Analysis:
Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardness <u>18</u> grains
Type <u>SUBMERSIBLE</u>	Voltage <u>230</u>				Type <u>DRILLED</u>	Depth _____ ft.				Iron <u>4</u> ppm
Pressure Tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H ² S <u>0</u> ppm
Type <u>BUBBLER</u>	Age <u>2YR</u>				Notes: _____	Vermin Proof Cap Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				TDS <u>387</u> ppm
Filtration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes: _____	Other _____				Ph <u>7</u>
Type <u>EAGLE SOFTENER + AIR/</u>	Date of last service _____				Other _____				Chlorine <u>0</u> ppm	Other <u>0</u>

Minutes	Pumping	Recovery	Rate (usgpm)	Notes and Recommendations
1				<p>PUMPED @ 6 GPM / 1HR @ 48 PSI</p> <p>* WELL HEAD SHOULD BE RAISED AND VERMIN PROOF CAP INSTALLED!</p> <p>* EAGLE WATER SOFTENER + AIR/ SYSTEM COULD BE RENTAL + IF SO IS EXPENSIVE TO MAINTAIN!</p>
2				
3				
4				
5				
6				
7				
8				
9				
10				
13				
15				
20				
25				
30				
40				
50				
60				

VALUED HEAD

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

The data in the attached table supports the conclusion that the well is producing 6 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: [Signature] Date: 04/08/2024

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.

WATER RESULTS BY TELEPHONE

Please follow these steps:

1. **REMOVE ONE OF THE BAR CODES FROM THE BOTTLE AND ATTACH IT HERE**



This bar code is your

PERSONAL IDENTIFICATION NUMBER (PIN).

You will need it to get your results over the telephone.

2. Call 1-877-723-3426, 2 to 3 business days after dropping off your water samples at the laboratory (4 to 5 business days if deposited at your local health unit). Follow the telephone instructions. The pound key looks like this #.

For teletypewriter (TTY) calls:

1. Call 711 with your TTY device or follow the instructions provided by your telecommunications provider to call the Relay Service Provider.
2. Give operator the PIN (bar code) and ask them to call 1-877-723-3426.
3. Instruct them press 1 for English and follow the prompts.

290 CEDAR VALLEY

**KEEP THIS CARD
FOR YOUR RECORDS**

Ontario 