U.S. PUBLIC HEALTH SERVICE
Indian Health Service

PUMP TEST FIELD DATA RECORDING FORM

Project No: _____ Date _____Page_____of_____

Owner _____Location _____

Pumping Company _____Operator _____

Observers_____

Measuring Point is_____which is_____feet above/below surface.

Static water level is _____ feet below the measuring point at_____AM/PM.

Distance to pump from measuring point _____feet.

Test pump data: HP_____Make_____Volts_____

CLOCK TIME	ELASPED TIME SINCE PUMPING STARTED/STOPPED (MINUTES)	DEPTH TO WATER BELOW LAND SURFACE (FEET)	DRAWDOWN OR RECOVERY (FEET)	PUMPING RATE (GPM)	REMARKS

PROJECT INSPECTOR_____

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