



**COUNTY OF FRESNO
DEPARTMENT OF PUBLIC WORKS AND PLANNING
DEVELOPMENT SERVICES DIVISION
WATER TEST CERTIFICATION FORM**

WELL OWNER	WELL LOCATION
Name: _____	Address: _____
Address: _____	City: _____
City: _____ State: _____ Zip: _____	APN: _____ GPS: _____

WELL INFORMATION

Completion Report No: _____ Attached N/A Completion Date: _____ N/A
Depth: _____ N/A Airlift Yield: _____ N/A

Anticipated Service Connections: Single Dwelling Main and secondary dwelling

TEST EQUIPMENT INFORMATION

Test Pump Model & HP: _____ Permanent Pump Test Pump

Pump Setting: _____ Sounding Tube Size & Depth: _____ Discharge Piping: _____ Feet from Well Head

Flow Meter Model: _____ Flow Meter Serial No: _____

TEST SUMMARY

Test Number _____ Original Test Repeat Test

Date & Time Building Official Notified: _____ Via Fax Email Mail

Date & Time of Last Pumping Prior to Test: _____

Date & Time Static Water Level Measured: _____ Depth: _____

Date & Time Pumping Began: _____ Date & Time Pumping Ended: _____

Total Pumping Time: _____ Hours / Minutes

Total Volume Pumped: _____ Gallons

Final Discharge Rate: _____ GPM over last 60 minutes of test

Allowable Yield: _____ (Final Discharge Rate X Seasonal Factor)

SWL: _____ after _____ Hours / Minutes (must not exceed pumping time or 24 hours, whichever is less)

Did SWL return to within prescribed level within allotted time? Yes No (if No, well fails test)

Required Attachments Included: Pumping Data Sheet Recovery Data Sheet

CERTIFICATION STATEMENT

I, the undersigned, state that this report is complete and accurate to the best of my knowledge and belief.

Company Name: _____ License: _____

By: _____ Phone: _____

Sign: _____ Date: _____

Fresno County Office Use Only

Approved By: _____	Certified Yield*: _____ GPM
Date: _____	Minimum 2,000 Gallon Storage: Required ___ Not Required ___

* Certified yield may not be indicative of the well's long term yield

**FRESNO COUNTY
NOTIFICATION OF RESIDENTIAL WELL YIELD TEST**

Please complete form and send by fax, email, or regular mail to the following:

County of Fresno
Department of Public Works and Planning
Development Services Division
2220 Tulare Street, 6th Floor
Fresno, California 93721
Attention: Irina Greener

FAX: (559) 443-5348 ■ Email: igreener@co.fresno.ca.us

Properly completed form MUST BE RECEIVED BY THE BUILDING OFFICIAL A MINIMUM OF 48 HOURS BEFORE beginning the test.

WELL OWNER

Name: _____

Address: _____

WELL LOCATION

Address: _____

City: _____

New Parcel

APN: Book _____ Page _____ Parcel _____

Township: _____ Range: _____ Section: _____

Company: _____

Address: _____

License No: _____ Phone No: _____

Test is Scheduled to begin on _____ / _____ / _____ at _____ AM / PM

I have read and understand Fresno County prescribed testing protocol and acknowledge I am responsible for gathering, recording, and submitting all data for this test.

By: _____

Title _____

Print Name: _____