OREGON WATER RESOURCES DEPARTMENT

PUMP TEST FORM
DATA SHEET

WELL LOG # (EX: MARI 99999)	WELL TAG # (EX: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
	L-					

Date	**Time**	Time Since Pumping Started (min)	**Depth to Water Below MP**	**Discharge Rate (gpm, cfs, _____)**	Phase (Pre-Test, Pumping, Recovery)	Airline or Shut-in Pressure (psi)	Flowmeter Reading (if available)	Comments
				0	Pre-test			
				0	Pre-test			
				0	Pre-test			

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