



# MONTGOMERY COUNTY HEALTH DEPARTMENT

**Norristown Health Center**  
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**Pottstown Health Center**  
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Willow Grove, PA 19090  
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## INDIVIDUAL WATER SUPPLY WELL PUMP TEST DATA FORM

Permit No.: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
\_\_\_\_\_ Lot #: \_\_\_\_\_

Date Drilled: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pump Test Data: (take measurements from top of casing)

1. Depth of well \_\_\_\_\_ feet
2. Pump intake depth \_\_\_\_\_ feet
3. Static water level depth \_\_\_\_\_ feet  
(undisturbed for twenty-four (24) hours)
4. Water level depth after two (2) hours \_\_\_\_\_ feet  
(pumping at four (4) gallons per minute (gpm))
5. Type/size of pump used for test \_\_\_\_\_
6. Method of flow measurement (during pump test) \_\_\_\_\_
7. Estimated yield (during drilling) \_\_\_\_\_

Well Driller Signature: \_\_\_\_\_ Date: \_\_\_\_\_

or Signature of Person Performing Test: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR MCHD USE ONLY**

SPECIFIC CAPACITY DETERMINATION