

PUMPING TEST RECORD
ODNR-Division of Water
Water Resources Section

Owner _____ Address _____

County _____ Township _____

Date _____ / _____ (Test Started / Test Ended) ODNR Log# _____ Other Well ID _____

Company Conducting Test _____ Individual Making Measurements _____

Type of Test _____ Distance From Pumping Well _____

Measuring Equipment Used _____

Static Water Level (S_0) _____ Measuring Point _____ Elevation Above Ground _____

Date	Clock Time (Use Military Time)	Time Since Pumping Started (In Minutes)	Depth to Water (S)	Change in Water Level (S - S_0)	Discharge Rate (GPM)	Comments (Include Weather Conditions)
		0				
		1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				
		13				
		14				
		15				
		20				
		25				
		30				
		35				
		40				
		45				
		50				
		55				
		60 (1hr)				
		90				
		120 (2hr)				
		150				
		180 (3hr)				
		240 (4hr)				