BUCKS COUNTY DEPARTMENT OF HEALTH
1282 ALMSHOUSE ROAD
DOYLESTOWN, PA 18901
PHONE: 215-345-3336 FAX: 215-340-8456

WELL YIELD TEST REPORT

Drilling Company Name: _____

Address: _____

_____

Phone: _____ Fax: _____

Date Performed: _____ Job/Name Builder: _____

Location of Site: _____

Depth of Well _____ Pump _____ Pump Setting _____

PUMPING MUST BE FOR (2) TWO HOURS AT A MINIMUM OF (4) FOUR GPM			
TIME	**WATER LEVEL**	**FLOW RATE**	**REMARKS**

PERSON PERFORMING THE PUMP TEST

Signature: _____ Print Name: _____