



Trinity County
 Environmental Health Division
 61 Airport Road PO Box 476
 Weaverville, CA 96093
 (530) 623-1459

WELL RATE RECOVERY TESTING

PERFORMED BY A LICENSED C-57 DRILLER / C-36 PLUMBER

Name of Owner / Leasee: _____

APN of Well being tested: _____

Parcel Address of well being tested: _____

Location of well (give landmark information , GPS coordinates or directions). If More than one well, attach a map - required to designate location of each well in reference to the below mentioned test(s)

For Unpermitted or Outdated Wells, the Well Recovery Rate (GPM), Number of Hours Tested, Water Potability Test and Depth of Well is required.

Well #	Well Recovery Rate (GPM) (Gallons Per Minute)	Number of Hours Tested (At Least 4 Hours)	Water Potability Test (Coliform & E. Coli)	Depth of Well
1				
GPS Location of Well #1:				
2				
GPS Location of Well #2:				
3				
GPS Location of Well #3:				

For a well that is more than 5 years old, has been Finaled, and has a Well Completion Report (indicating depth of the well), A Well Recovery Rate Test, Number of Hours Tested (Minimum of 4 Hrs) and a Water Potability Test are Required.

Well #	Well Recovery Rate (GPM) (Gallons Per Minute)	Number of Hours Tested (At Least 4 Hours)	Water Potability Test (Coliform & E. Coli)	
1				
GPS Location of Well #1:				
2				
GPS Location of Well #2:				
3				
GPS Location of Well #3:				

If a well has a positive bacterial test please contact TCEH so we can give suggestions on how to treat your well. You may need a backflow prevention device if your well is not properly sealed.

Signature of Contractor: X **Date:**

Name of Contractor: _____

Contractor Type: C57 - Driller C36 - Plumber License No: _____

Name of Contractor's Business: _____

Notes from Contractor: _____

Owner / Leasee's Signature: X **Date:**