



Owner / Leasee's Signature: X

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 o	f Well being tested:			
	Address of well being tested:			
Location	on of well (give landmark infor	mation , GPS coordinates or	r directions). If More that	an one well,
	a map - required to designate		•	
	<u> </u>			(1)
-				
For U	Inpermitted or Outdated	Wells the Well Recov	very Rate (GPM) Nu	ımher
	urs Tested, Water Potak	•	• • • • • • • • • • • • • • • • • • • •	
	Well Recovery Rate (GPM)	Number of Hours Tested	Water Potability Test	<u> </u>
Well #	(Gallons Per Minute)	(At Least 4 Hours)	(Coliform & E. Coli)	Depth of Well
1				
	ocation of Well #1:	T	T	T
2	ti			
3	ocation of Well #2:	Ī	T	Ī
	ocation of Well #3:			
0.0 =				
	For a well that is	more than 5 years old,	has been Finaled,	
		more than 5 years old, oletion Report (indicati	•	·II),
	and has a Well Comp	•	ng depth of the we	ell),
	and has a Well Comp A Well Recove	oletion Report (indicati ry Rate Test, Number o	ng depth of the we	•
Well #	and has a Well Comp A Well Recove (Minimum of 4 Hrs) Well Recovery Rate (GPM)	oletion Report (indicati ry Rate Test, Number of and a Water Potability Number of Hours Tested	ng depth of the we of Hours Tested y Test are Required Water Potability Test	•
Well #	and has a Well Comp A Well Recove (Minimum of 4 Hrs)	oletion Report (indicati ry Rate Test, Number o and a Water Potability	ng depth of the we of Hours Tested y Test are Required	•
1	and has a Well Comp A Well Recover (Minimum of 4 Hrs) Well Recovery Rate (GPM) (Gallons Per Minute)	oletion Report (indicati ry Rate Test, Number of and a Water Potability Number of Hours Tested	ng depth of the we of Hours Tested y Test are Required Water Potability Test	•
1	and has a Well Comp A Well Recove (Minimum of 4 Hrs) Well Recovery Rate (GPM)	oletion Report (indicati ry Rate Test, Number of and a Water Potability Number of Hours Tested	ng depth of the we of Hours Tested y Test are Required Water Potability Test	•
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1 GPS L GPS L GPS L	and has a Well Comp A Well Recove (Minimum of 4 Hrs) Well Recovery Rate (GPM) (Gallons Per Minute) ocation of Well #1: ocation of Well #2: ocation of Well #3:	oletion Report (indication ry Rate Test, Number of and a Water Potability Number of Hours Tested (At Least 4 Hours) est please contact TCEH so	ng depth of the web of Hours Tested y Test are Required Water Potability Test (Coliform & E. Coli) we can give suggestion	ns on how
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