



**EL DORADO COUNTY
ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL HEALTH DIVISION**

2850 Fairlane Ct., Bldg. C, Placerville, CA 95667 - (530) 621-5300
3368 Lake Tahoe Blvd., #303, So. Lake Tahoe, CA 96150 - (530)573-3450

REPORT OF WELL PRODUCTION
(For Building Permit approvals, form must be original wet stamp)

OWNER OF PROPERTY: _____

ADDRESS OF OWNER: _____

LOCATION OF PROPERTY: _____

ASSESSOR'S PARCEL NUMBER: _____ **WELL PERMIT NUMBER:** _____

TO BE COMPLETED BY WELL DRILLER OR PUMP CONTRACTOR

Result of four (4) hour well production test: _____ **gpm.**

Date Performed: _____

Was test performed with a pump installed? **Yes** **No**

Depth of well: _____ **ft.** **Static water level** _____ **ft.**

Diameter of well casing: _____ **in.**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Test performed by: _____

State License Number: _____

*****WELL DRILLER MUST PROVIDE PLOT PLAN ON NEXT PAGE and COMPLETE BOTTOM PORTION IF WELL PRODUCTION IS LESS THAN 5 GPM.**

PLOT PLAN TO BE COMPLETED BY WELL DRILLER



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IF WELL PRODUCTION RATE IS LESS THAN 5 GPM:

5 gpm x 240 min. = 1,200 gallons required

_____ x 240 min. = _____
Production. Rate gallons produced

Storage credit in well shaft: _____gallons (per well driller)

_____ gallons of additional storage required.