

**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 \_\_\_\_\_

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

**PERSON PERFORMING THE PUMP TEST**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_