permit SONOMA

County of Sonoma
Permit & Resource Management Department

CERTIFICATION OF WATER YIELD IN WATER SCARCE AREAS

WLS-010

Permit Sonoma shall be notified 24 hours in advance of this test

Water Yield Number _____ Well Permit Number _____

1. Individual performing test: _____
2. Type of license/registration, number and expiration date: _____
3. Location of well: _____
4. Address: _____ APN: _____
5. Type and model of test pump: _____
6. Test pump setting depth: _____
7. Maximum reported yield for this pump type at this setting: _____
8. Type of discharge measurement method: _____
9. Type and model of flow meter (or provide an accurate description of weir or orifice plate): _____

   _____
10. Geographic coordinates (Plane Coordinate Method or distance from fixed landmarks):_____
11. Estimated elevation of well head: _____
12. Initial static water level (include measuring points such as top of casing, surface seal, access port): _____

    _____
13. Date & time of initial static water level measurement: _____/_____/_____ _____AM/PM
    a. Discharge Rate: _____
    b. Dynamic Water Level: _____
    c. Specific Capacity: _____
    d. Pump Test duration: _____
14. Immediately after the test take the following measurements:
    a. Dynamic water level: _____
    b. Final discharge rate: _____
15. Post - Test Measurement:
    a. Dynamic water level: _____
    b. Static water level: _____
    c. Percentage of recovery of final static level: _____

Testing performed by (signature): _____ Date: _____

Company _____ Phone Number: _____

Specialist _____ Date _____

Approved ☐ Denied ☐

WELL PUMP TEST DATA RECORDATION ADDRESS:

Date	Time	Interval	SWL	GPM	Comments
		1 Min			
		1 Min			
		1 Min			
		1 Min			
		1 Min			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		5 Mins			
		20 Mins			
		20 Mins			
		20 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		30 Mins			
		72 Hrs. or			

CALCULATION OF WELL RECOVERY

(Worksheet example taken from Permit Sonoma Number 9-2-28)

1. Determine the water level draw down by subtracting the initial static water level measurement from the stabilized pumping level. Record this result as the well draw down.

2. Next determine the water level recovery by subtracting the post test (within 72 hours) static water level from the stabilized dynamic pumping level. Record this result as the well recovery.

3. Next determine the percent recovery of the well. Divide the water level recovery by the water level draw down and multiply by 100. Record this result as the percent well recovery.

   Example:

a.	Initial static water level:	(measured value)	_____
b.	Post test static water level*:	(measured value)	_____
b.1.	Time (hours) of measurement:	(within 72 hours)	_____
c.	Stabilized pumping level**:	(measured value)	_____
d.	Draw down:	(calculate by subtracting A from C)	_____
e.	Recovery:	(calculate by subtracting B from C)	_____
f.	Percent recovery:	(calculate by dividing E by D and multiplying result by 100)	_____

Well percent recovery (F) must be 90% or greater within a 72 hour period.

* The static water level after 72 hours or less post pump test.

** Kleinfelder refers to this as the dynamic pumping level.