GILROY PUMP & DRILLING CO., INC. DBA

Chappell

PUMP & SUPPLY

WELL SERVICE

Rates for Well Testing

One Hour Well Test	**$378.00 Minimum Charge**
Two Hour Well Test	**$588.00 Minimum Charge**
Condition of Equipment Only: (per system)	**$378.00 Minimum Charge**

NOTE: A well pump & storage or pressure tank is one system. A booster pump & pressure system is a second system.

****The above rates cover 30 GPM or less flow rate.**

****Above rates include a maximum of 15 minutes travel time each way.**

****Larger pumps may require more time to set up and remove the testing equipment and will be charged accordingly.**

- **CHAPPELL PUMP AND SUPPLY DOES NOT BILL ESCROW.**
- **RELEASE MUST BE SIGNED BY OWNER OF PROPERTY (OR RESPONSIBLE PARTY) BEFORE TEST CAN BE SCHEDULED.**
- **TEST MUST BE PAID FOR IN FULL BEFORE TEST RESULTS ARE RELEASED.**
- **IF A WATER POTABLITY TEST IS NEEDED, CONTACT C.M. Analytical (408) 848-3619 or Bolsa Analytical (408) 728-7980.**
- **PLEASE ALLOW 10 WORKING DAYS TO PROCESS THIS REQUEST (TO EXPEDITE SEE BELOW)**

If you wish to expedite this request, you may choose to approve overtime (1 ½ times well test rate) if necessary ☐ YES ☐ NO

Name of person authorizing overtime: _____

Signature: _____

585 LAS ANIMAS • P.O. BOX 1683 • GILROY, CALIFORNIA 95021-1683 • FAX (408) 847-7867 • TEL (408) 842-3113
ACCEPTING VISA & MASTERCARD contact-us@chappellpump.com www.chappellpump.com 1-800-732-7867

GILROY PUMP & DRILLING CO., INC. DBA
Chappell
PUMP & SUPPLY
WELL DRILLING

Well Test Release

We do not or will not hold Chappell Pump & Supply, responsible for any damage to said well, pump, or any other equipment in or about said well while doing pump work at the request of the party responsible for the cost of the test.

Party responsible for payment name: _____

Billing Address: _____

Contact Phone number: (_____) _____-_____

All reasonable care will be taken during the course of this test so that the existing equipment is not damaged. If the pump in the well to be tested produces more than 30 GPM, additional time to set up and remove the testing equipment may be required, and will be charged accordingly.

_____
Signature of Owner Date

_____
Job Address (Location of well)

_____
City State Zip

_____
Telephone (Owner Home & Cell)

***Please note: we only provide testing for residential wells.**

Check appropriate space below, indicating the type of test needed:

1 Hour Well Test ☐

2 Hour Well Test ☐

Condition of Equipment Test

If choosing this test, please specify:

- Well Pump & Storage or Pressure System ☐
- Booster Pump & Pressure System ☐

**For all tests, customer must send pictures of equipment, related piping, and well head to be tested/checked.*

***On a separate paper, draw a map of the location of the well to be tested, showing the nearest cross street, if possible.**

In absence of the owner's signature, I, the undersigned named agent, assumes full responsibility for the well test release and payment of Well Test &/or Condition of Equipment.

_____ _____
Agent or Responsible Party (signature) & Telephone

Print Name; _____ Date _____

CHAPPELL PUMP AND SUPPLY DOES NOT BILL ESCROW!!

Please allow 10 working days to process this request.