



Arizona Department of Water Resources
 Information Management Unit
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 www.azwater.gov

Pump Installation Completion Report

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ The registered well owner should file this report with the Department within 30 days following installation of pump equipment.

FILE NUMBER

WELL REGISTRATION NUMBER

55 -

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

| | | | | | | | |
|---|--|--|-------------|---------|----------|---------|---------|
| Well Owner | | Location of Well | | | | | |
| FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL | | WELL LOCATION ADDRESS (IF ANY) | | | | | |
| MAILING ADDRESS | | TOWNSHIP (N/S) | RANGE (E/W) | SECTION | 160 ACRE | 40 ACRE | 10 ACRE |
| CITY / STATE / ZIP CODE | | COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT) | | | | | |
| CONTACT PERSON NAME AND TITLE | | BOOK | MAP | PARCEL | | | |
| TELEPHONE NUMBER | | COUNTY WHERE WELL IS LOCATED | | | | | |
| FAX | | | | | | | |

SECTION 2. EQUIPMENT INSTALLED

| | | |
|--|--|--|
| DATE PUMP INSTALLED | Pitless Adaptor | |
| Pump Type | CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION) | |
| CHECK ONE | Was a pitless adaptor installed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Air Lift | IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED | |
| <input type="checkbox"/> Bucket | Feet | |
| <input type="checkbox"/> Centrifugal | Power Type | |
| <input type="checkbox"/> Jet | CHECK ONE | |
| <input type="checkbox"/> Piston | <input type="checkbox"/> Diesel Engine | |
| <input type="checkbox"/> Rotary | <input type="checkbox"/> Natural Gas | |
| <input type="checkbox"/> Submersible | <input type="checkbox"/> Electric Motor | |
| <input type="checkbox"/> Turbine | <input type="checkbox"/> Windmill | |
| <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Gasoline Engine | |
| | <input type="checkbox"/> Hand | |
| <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> Other (please specify): | |
| RATED PUMP CAPACITY | HORSE POWER RATING OF MOTOR | |
| Gallons Per Minute | | |

SECTION 3. PUMP TEST

| Pump Test Data | Method of Discharge Measurement | Method of Measuring Water Level |
|---|--|--|
| DATE WELL TESTED | CHECK ONE | CHECK ONE |
| STATIC WATER LEVEL (A) | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air Line |
| Feet Below Land Surface | <input type="checkbox"/> Bucket – Barrel – Stopwatch | <input type="checkbox"/> Electric Measuring Line (Sounder) |
| PUMPING WATER LEVEL (B) | <input type="checkbox"/> Current | <input type="checkbox"/> Steel Tape |
| Feet Below Land Surface | <input type="checkbox"/> Estimated – Air Lift | <input type="checkbox"/> Other (please specify): |
| DRAWDOWN [(B) – (A)] | <input type="checkbox"/> Gauge | |
| Feet Below Land Surface | <input type="checkbox"/> Meter | |
| TEST PUMPING RATE | <input type="checkbox"/> Orifice | |
| Gallons Per Minute | <input type="checkbox"/> Volume | |
| DURATION OF PUMP TEST (Minimum 4 Hours) | <input type="checkbox"/> Weir – Flume | |
| Hours | <input type="checkbox"/> Other (please specify): | |
| TOTAL PUMPING LIFT | | |
| Feet | | |
| FOR FLOWING WELL, MEASURED SHUT IN HEAD | <input type="checkbox"/> FT | |
| | <input type="checkbox"/> PSI | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief according to A.R.S. § 45-600(B).

SIGNATURE OF WELL OWNER

DATE