



**Arizona Department of Water Resources**  
 Groundwater Permitting and Wells Section  
 1802 W Jackson St. Box 79, Phoenix, AZ 85007  
 (602) 771-8527 • [www.azwater.gov](http://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	<b>Pitless Adaptor</b>
<b>Pump Type</b>	CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION)
CHECK ONE	Was a pitless adaptor installed? <input type="checkbox"/> Yes
<input type="checkbox"/> Air Lift	<input type="checkbox"/> No
<input type="checkbox"/> Bucket	IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED
<input type="checkbox"/> Centrifugal	Feet
<input type="checkbox"/> Jet	<b>Power Type</b>
<input type="checkbox"/> Piston	CHECK ONE
<input type="checkbox"/> Rotary	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Submersible	<input type="checkbox"/> Electric Motor
<input type="checkbox"/> Turbine	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Hand
RATED PUMP CAPACITY	<input type="checkbox"/> Natural Gas
Gallons Per Minute	<input type="checkbox"/> Windmill
	<input type="checkbox"/> Other (please specify):
	HORSE POWER RATING OF MOTOR

### 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