



Arizona Department of Water Resources
 Water Management Division
 P.O. Box 36020, Phoenix, AZ 85067-6020
 (602) 771-8527 • (602) 771-8690 fax
 · 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					¼	¼	¼
CONTACT PERSON NAME AND TITLE		COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT)			PARCEL		
TELEPHONE NUMBER		FAX		COUNTY WHERE WELL IS LOCATED			

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
RATED PUMP CAPACITY	<input type="checkbox"/> Hand
Gallons Per Minute	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) Feet Below Land Surface	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air Line
PUMPING WATER LEVEL (B) Feet Below Land Surface	<input type="checkbox"/> Bucket – Barrel – Stopwatch	<input type="checkbox"/> Electric Measuring Line (Sounder)
DRAWDOWN [(B) – (A)] Feet Below Land Surface	<input type="checkbox"/> Current	<input type="checkbox"/> Steel Tape
TEST PUMPING RATE Gallons Per Minute	<input type="checkbox"/> Estimated – Air Lift	<input type="checkbox"/> Other (please specify):
DURATION OF PUMP TEST (Minimum 4 Hours) Hours	<input type="checkbox"/> Gauge	
TOTAL PUMPING LIFT Feet	<input type="checkbox"/> Meter	
FOR FLOWING WELL, MEASURED SHUT IN HEAD	<input type="checkbox"/> Orifice	
<input type="checkbox"/> FT	<input type="checkbox"/> Volume	
<input type="checkbox"/> PSI	<input type="checkbox"/> Weir – Flume	
	<input type="checkbox"/> Other (please specify):	

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