



Certified Pump Report

Landowner Name: _____

District Permit Number: _____

Consists of Two County Letters – Four Numbers (Example DA-1234)

Location of Well:

County **Section** **Block** **Survey**

Longitude (decimal degrees)

Latitude (decimal degrees)

Pump Column Size: _____ inches

Total Pump Column Length: _____ feet

Pump Bowl Size: _____

Number of Stages: _____

Discharge Pipe Size: _____

Depth to Static Water Level: _____ feet

Pump Discharge: _____ GPM

Pumping Water Level: _____ feet

Power: _____

Horsepower: _____

I hereby certify that this pump was installed by me (or under my supervision), and that each statement herein is true to the best of my knowledge and belief. I understand that all records of this well must be given to the District within 30 days after expiration of the Well permit. Water shall not be produced from this well until the District receives these records in accordance with Rule 2.16.

Pump Installers Signature: _____

Pump Installers Name: _____

Pump Installers License Number: _____