



Central Texas Groundwater Conservation District

Pump Installation Report

To be completed by the pump installer and returned to the District:

District Well #: _____

Well Owner Name: _____

Well Owner Phone #: _____

Well Location: _____

Latitude/Longitude of Well: _____

Name of Pump Installer: _____

License Number: _____ Phone Number: _____

Casing Size: _____ in.

Pump Depth: _____ ft.

Pump Size: _____ HP

Production Pipe Size: _____ in.

Pump Make and Model: _____

Inspection Port Accessible: Yes No

Storage Tank: Yes No

Booster Pump: Yes No

Maximum pumping capacity of pump as installed: _____ gpm

Date of installation: _____

Notes (Static water level etc.):

I hereby certify that the pump information given herewith is true and accurate.

Signature

Date