PUMP INSTALLATION REPORT (PUMP LOG)

UTAH DIVISION OF WATER RIGHTS
PO BOX 146300, SLC, UT 84114-6300
(801) 538-7240; (801) 538-7467 fax; waterrights.utah.gov

Well Identification (e.g., Water Right or Non-Production Well Number):

Owner Info (Name and Address):

Well Location:

Physical Street Address _____

Point of Diversion (Public Land Survey): North/South _____ feet, East/West _____ feet from the _____ corner of

Section _____, Township _____ , Range _____ , SLB&M/USB&M

GPS (UTM OR Lat-Long. Incl. Map Datum): _____

Existing Well Details (if known)

Is a Well Drillerôs Report available? ☐ Yes ☐ No Well Depth _____ feet Well Diameter _____ inches

Nature of Use: ☐ Domestic ☐ Irrigation ☐ Stock ☐ Industrial ☐ Commercial ☐ Municipal ☐ Provisional ☐ Monitor

Casing Type: ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Fiberglass ☐ ABS ☐ SR ☐ Other _____

☐ Screen ☐ Perforations ☐ Open Pipe Screen/Perforation Intterval _____

Filter Pack ☐ Yes ☐ No

Other details (if known): _____

Pump Installation Details

Type of Installation: ☐ New ☐ Replacement ☐ Repair ☐ Other _____

Date of Installation (single date or range as applicable): _____

Type of Pump: ☐ Submersible ☐ Lineshaft ☐ Jet ☐ Other _____

Pump Manufacturer: _____ Pump Model: _____

Number of Stages: _____ Riser/Discharge Pipe Type/Size: _____ Shaft Size (in): _____

Height of Casing Above Ground Surface (in): _____ Pump Intake Depth Below Top of Casing (ft): _____

Pump Size (hp): _____ Pump Capacity (gpm): _____ Static Water Level (ft below top of casing): _____

Pump Water Level (ft below top of casing): _____ Shut-in Head for Flowing Wells (ft or psi): _____

Artesian Flow (gpm): _____ Drawdown at End of Test (ft): _____

Pitless Installation ☐ Yes ☐ No Manufacturer: _____ Model: _____

Pitless Type: ☐ Pitless Adapter ☐ Pitless Unit ☐ Screw On ☐ Welded ☐ Compression

Method of Cutting Hole in Casing: _____ Depth of Pitless (ft BGS): _____

Pump Testing? ☐ Yes ☐ No Test Pumping Rate (gpm) _____ Test Pump Duration (hrs) _____

Water Level Measurement Method ☐ Airline ☐ Electric Sounder ☐ Steel Tape ☐ Other _____

Discharge Measure Method ☐ Bailer ☐ Bucket/Barrel/Stopwatch ☐ Current ☐ Air Lift ☐ Guage ☐ Meter

☐ Orifice ☐ Volume ☐ Weir-Flume ☐ Other _____

Down Hole Camera Survey? ☐ Yes ☐ No Water Quality Sample Taken? ☐ Yes ☐ No

Well Pump Works Disinfection Upon Completion in accordance with R655-4? ☐ Yes ☐ No

Well Driller Statement

Comments by Installer: _____

Name: _____ License No.: _____
(Person, Firm, or Corporation ï Print or Type)

Signature of Licensee: _____ Date: _____
(Licensed Well Driller or Pump Installer)

Note: All pump work shall be performed in accordance with the provisions of the State of Utah Administrative Rules of Water Wells (Section R655-4 UAC)