



**ARIZONA DEPARTMENT OF WATER RESOURCES**  
 Information Management Unit  
 P.O. Box 458, Phoenix, Arizona 85001-0458  
 (602) 771-8527 \* (800) 352-8488  
 www.water.az.gov

# Pump Installation Completion Report

- Review instructions prior to completing form
  - The registered well owner should file this report with the Department within 30 days following installation of pump equipment
- \*\* PLEASE PRINT CLEARLY \*\***

FILE NUMBER  
**D(17-25) 25 BAC**  
 WELL REGISTRATION NUMBER  
**55- 215802**

## SECTION 1. REGISTRY INFORMATION

<b>Well Owner</b> FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL <b>STEVE STEPHENSON</b>		<b>Location of Well</b> WELL LOCATION ADDRESS (IF KNOWN)					
MAILING ADDRESS <b>PO BOX 691</b>		TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
CITY / STATE / ZIP <b>STANFIELD, AZ 85272</b>		<b>17</b>	<b>25</b>	<b>25</b>	<b>B</b> 1/4	<b>A</b> 1/4	<b>C</b> 1/4
CONTACT PERSON NAME AND TITLE		COUNTY ASSESSOR'S PARCEL ID NUMBER (MOST RECENT) BOOK		MAP	PARCEL		
TELEPHONE NUMBER <b>540-280-0100</b>		<b>114</b>		<b>1</b>	<b>092</b>		
FAX		COUNTY WHERE WELL IS LOCATED <b>Cochise</b>					

## SECTION 2. EQUIPMENT INSTALLED

DATE PUMP INSTALLED <b>6-5-09</b>	<b>Pitless Adaptor</b> CHECK ONE (SEE INSTRUCTIONS FOR DEFINITION) Was a pitless adaptor installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pump Type</b> CHECK ONE <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Other (please specify)	IF YES, DEPTH BELOW GROUND LEVEL THE DEVICE WAS INSTALLED _____ Feet
RATED PUMP CAPACITY <b>25</b> Gallons Per Minute	<b>Power Type</b> CHECK ONE <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Hand
	HORSE POWER RATING OF MOTOR <b>1.5</b>

## SECTION 3. WELL TEST

<b>Pump Test Data</b>	<b>Method of Discharge Measurement</b>	<b>Method of Measuring Water Level</b>
DATE WELL TESTED <b>6-5-09</b>	CHECK ONE <input type="checkbox"/> Bailer <input type="checkbox"/> Bucket - Barrel - Stopwatch <input type="checkbox"/> Current <input checked="" type="checkbox"/> Estimated - Air Lift <input type="checkbox"/> Gauge <input type="checkbox"/> Meter <input type="checkbox"/> Orifice <input type="checkbox"/> Volume <input type="checkbox"/> Weir - Flume <input type="checkbox"/> Other (please specify)	CHECK ONE <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line (Sounder) <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (please specify)
STATIC WATER LEVEL (A) <b>110</b> Feet Below Land Surface		
PUMPING WATER LEVEL (B) <b>115</b> Feet Below Land Surface		
DRAWDOWN [(B) - (A)] <b>5</b>		
TEST PUMPING RATE <b>12</b> Gallons Per Minute		
DURATION OF PUMP TEST (Minimum 4 Hours) <b>4</b> Hours		
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

*Steve Stephenson*

DATE

**7/3/09**