



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
PUMP INFORMATION REPORT

DATE RECEIVED	
REFERENCE NUMBER	
ENTERED	CHECK NUMBER
PH 1	PH 2
REVENUE NUMBER	CR NUMBER
OWNER NAME	TELEPHONE NUMBER WITH AREA CODE
OWNER ADDRESS	CITY
STATE	ZIP CODE
ADDRESS OF WELL SITE IF DIFFERENT	CITY
STATE	ZIP CODE
DRILLER IF KNOWN OR WELL REFERENCE NUMBER	CASING SEAL
	<input type="checkbox"/> WELL SEAL <input type="checkbox"/> PITLESS ADAPTER <input type="checkbox"/> PITLESS UNIT <input type="checkbox"/> TURBINE <input type="checkbox"/> OTHER _____
GPS LOCATION OF WELL (REQUIRED)	STATIC WATER
Lat.	WELL DEPTH
Long.	PUMP RATE
County	DEPTH PUMP SET
	REPLACEMENT PUMP
	<input type="checkbox"/> YES <input type="checkbox"/> NO
PUMP INSTALLER CONTRACTOR	PERMIT NUMBER
	DATE
PUMP INSTALLER CONTRACTOR APPRENTICE	PERMIT NUMBER
	DATE

MO 780-1900 (03/19) SEND COMPLETED FORM TO: WELL INSTALLATION SECTION, PO BOX 250, ROLLA, MO 65402 573-368-2165