



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	STATIC WATER LEVEL (FEET)
	TOTAL WELL DEPTH
	DEPTH PUMP SET
GPS LOCATION OF WELL (REQUIRED)	PUMP RATE GPM
Lat.	
Long.	
County	
	<input type="checkbox"/> REPLACEMENT PUMP
	WELL USE
	DATE PUMP INSTALL COMPLETE
PUMP INSTALLER SIGNATURE	PERMIT NUMBER
	DATE
PUMP INSTALLER APPRENTICE SIGNATURE	PERMIT NUMBER
	DATE

MO 780-1900 (01/18) SEND COMPLETED FORM TO: WELL INSTALLATION SECTION, PO BOX 250, ROLLA, MO 65402 573-368-2165