



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 GEOLOGICAL SURVEY PROGRAM  
**PUMP INFORMATION RECORD**

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.	WELL USE
Long.	DATE PUMP INSTALL COMPLETE
County	<input type="checkbox"/> REPLACEMENT PUMP
PUMP INSTALLER SIGNATURE	PERMIT NUMBER
	DATE
PUMP INSTALLER APPRENTICE SIGNATURE	PERMIT NUMBER
	DATE

MO 780-1900 (9/15) SEND COMPLETED FORM TO: WELLHEAD PROTECTION SECTION, PO BOX 250, ROLLA, MO 65402 573-368-2165