Rev 3/08 ST/CO USE ONLY DATE RECEIVED MM DD YY ___ ___ ___	DATE OF PUMP INSTALLATION MM DD YY ___ ___ ___ WATER WELL PERMIT NO. DW-_____	**STATE OF WEST VIRGINIA WATER WELL PUMP INSTALLATION REPORT**	**FORM SW-262** THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER INSTALLATION IS COMPLETED FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

PUMP INSTALLATION LOCATION

Owner: LAST NAME FIRST NAME

STREET/ROAD	COUNTY	ZIP CODE
AREA NAME/LOCATION:	**WATER SYSTEM USE:** ☐ Potable ☐ Public Water Supply ☐ Geothermal ☐ Industrial ☐ Commercial ☐ Dewatering ☐ Irrigation ☐ Test/Exploratory ☐ Other _____	

PUMPING EQUIPMENT

Type Pump: ☐ Submersible ☐ Jet
☐ Other (specify) _____
Pump Manufacturer: _____
Pump Model: _____

INSTALLATION DETAILS

Well Diameter _____inches
Well Depth _____(Ft)
Static Water Level (from surface): _____(Ft.)
Depth of pump: _____(Ft.)
Riser Pipe: Material_____
Pressure Rating_____(psi)

INSTALLATION DETAILS (CONT.)

Pitless**:** ☐ Pitless Adapter ☐ Pitless Unit
Pitless Manufacturer: _____
Pitless Model: _____
Method of Cutting Hole in Casing for Pitless: _____
Storage Tank Model: _____
Check Valves Locations: _____
Well Disinfected: ☐ Yes ☐ No
By Whom: _____

COMMENTS BY INSTALLER

I hereby certify that this well has been constructed in accordance with state rules and that the information presented herein is accurate and complete to the best of my knowledge.

Pump Equipment Installed by :

Property Owner Name (Print)_____ **Owner Signature** _____
Pump Installation Test Passed on _____/_____/_____

Company Name _____ **WV Contractor No.** _____ **Business Franchise Number**_____
Master Well Driller Certification No. _____ **or Pump Installer Certification No.** _____
Master Well Driller (print) _____ **Master Well Driller Signature** _____
Pump Installer (print) _____ **Pump Installer Signature**_____

SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.

Journeyman Well Driller Certification No. _____
Journeyman Well Driller (please print) _____

Apprentice Name(s) _____, _____, _____