



**State of Hawaii**  
**COMMISSION ON WATER RESOURCE MANAGEMENT**  
 Department of Land and Natural Resources  
**WELL COMPLETION REPORT - PART II**  
**Pump Installation**

For Official Use Only:

**Instructions:** Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at 587-0225. For updates to this form or additional information, please visit our website at <http://www.hawaii.gov/dlnr/cwrm/>

1. State Well No.: \_\_\_\_\_ Well Name: \_\_\_\_\_ Island: \_\_\_\_\_

2. Address: \_\_\_\_\_ Tax Map Key: \_\_\_\_\_

3. Pump Installation Company: \_\_\_\_\_

4. Date Pump Installed: \_\_\_\_\_  
month/day/year

5. PERMANENT PUMP INFORMATION

Pump Type, Make, Serial No.: \_\_\_\_\_

Rated Capacity: \_\_\_\_\_ gpm at head of: \_\_\_\_\_ ft.

Motor Type, H.P., Voltage, rpm: \_\_\_\_\_

Pump type (check one):

<input type="checkbox"/> Deep Well Turbine	<input type="checkbox"/> Rotary	<input type="checkbox"/> Propeller
<input type="checkbox"/> Submersible	<input type="checkbox"/> Rotary-Displacement	<input type="checkbox"/> Reciprocating
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Rotary-Gear	<input type="checkbox"/> Impulse

6. Method of flow measurement:

Flowmeter w/ totalizer Manufacturer \_\_\_\_\_ Model no. \_\_\_\_\_ Size \_\_\_\_\_

Other, explain and attach schematic \_\_\_\_\_

7. Fill in the as-built section on the other side of this sheet.

8. Attach the rating curve for the installed pump.

9. Attach photograph of well clearly showing the benchmark on the concrete pad, the well head, and the method of flow measurement.

10. Well Owner Company \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

11. Land Owner Company \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

12. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pump Installation Contractor** (print) \_\_\_\_\_ C-57/C-57a/A Lic. No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**7. AS-BUILT PUMP SECTION** (Please attach as-built if different from diagram provided below)

