



Mail: P.O. Box 1589 | Physical: 12274 Bandera Rd. #106-107 | Helotes, TX 78023
Phone (210)698-1155 | Fax (210)698-1159 | office@tgrgcd.org | www.trinityglenrose.com

PUMP INSTALLATION REPORT

*To be submitted by pump installer upon installation of the pump
within 60 days of installation.*

District Well ID: _____	Constant Pressure System: _____
Pump Depth: _____	Total Dynamic Head: _____
Water Level Depth: _____	Size of Column Pipe: _____
Pump Brand/Make: _____	Restrictors installed, what interval(s): _____
Pump Model: _____	Backflow devices installed, what interval(s): _____
Model Number: _____	Pumping discharge GPM*: _____
Horse Power, Voltage, Phase: _____	Max GPM of Pump: _____
PSI: _____	Meter Installed: Yes or No
Submersible or Surface Pump <i>(circle one)</i>	
New Install, Repair, or Replacement <i>(circle one)</i>	

Please complete owner & location information:

Well Owner Name: _____

Well Location: _____
Street Address City State Zip Code

Latitude: _____ Longitude: _____

Pump Installer Name & License Number: _____

Provide Pump Curve, pressure chart and Specs from Manufacturer

*District Rule 7.9(b)(2) requires pump data and installation reporting.

I hereby swear or certify that the information in this report is true and accurate to the best of my knowledge and belief and agree to abide by the District's Rules.

Print Name

Signature

Date

*Office Date Received: _____