

Installation Record



In2Wells, LLC.
 2470 N. Aileen Ave., Tucson, Az. (520) 631-7113

WELL NAME OR NUMBER _____
 WELL ID. No. _____
 ADDRESS OF WELL _____
 WELL OWNERS NAME _____
 ADDRESS _____
 PHONE: () _____ () _____

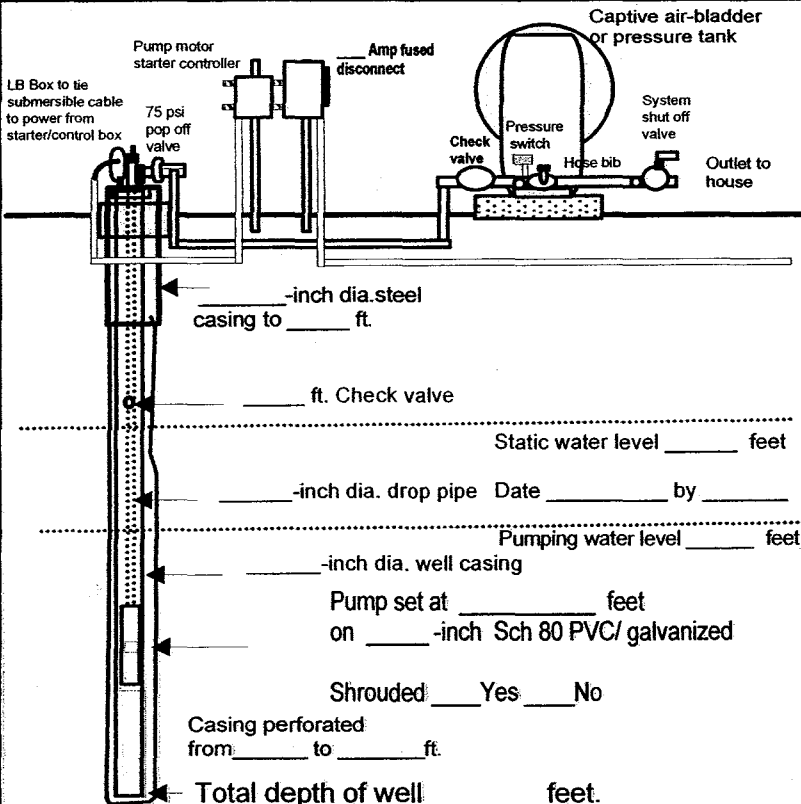
WELL DRILLER _____
 DATE DRILLED. _____ Method _____
 TYPE OF WELL: Dom. _____ Irr. _____ Comm. _____
 INSTALLER NAME(S) _____
 DATE OF INSTALLATION _____
 DATE OF REPAIRS _____

Pump Manuf. _____ Model _____
 Date Code _____ SN. _____
 Motor Manuf _____ SN _____
 Hp. _____ Voltage _____ Phase. _____ Dia. _____

Performance Test Date _____
 Performed by _____
 Static Water Level _____ Ft.
 Flow Rate _____ GPM Measured _____
 Temp. _____ F, Cond. _____ umo/cm, pH _____
 Turbidity _____ Sampled: Yes ___ No ___
 Pressure Pump On _____ Pump Off _____
 Run time _____ Minutes

IN THE WELL CHECK
 Megger : Yellow _____ Black _____ Red _____ M Ohms
 Resistance: Red -Blk _____ Blk-Yelo _____ Red-Yelo _____ Ohms
 Amperage: Red _____ Blk _____ Yelo _____ All3 _____
 Voltage: Line 1 _____ Line 2 _____ L1-L2 / L3 _____
 Sub. Cable _____/3 _____/4 Condition _____

Observations - Comments - Corrections needed



Photographs