

# MUNICIPALITY OF ANCHORAGE

Development Services Department  
On-Site Water & Wastewater Section



Phone: 907-343-7904  
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## Pump Installation Log

Well Drilling Permit Number: \_\_\_\_\_

Date of Issue: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parcel Identification Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Legal Description	Block	Lot	Property Owner Name & Address:
<p>Pump Installation Date: ____ - ____ - ____</p> <p>Pump Intake Depth Below Top of Well Casing: _____ feet</p> <p>Pump Manufacturer's Name: _____</p> <p>Pump Model: _____</p> <p>Pump Size: _____ hp</p> <p>Pitless Adapter Burial Depth: _____ feet</p> <p>Pitless Adapter Manufacturer's Name: _____</p> <p>Pitless Adapter Installer: _____</p> <p>Well Disinfected Upon Completion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Method of Disinfection: _____</p> <p>Comments:</p>			
<p>Pump Installer Name: _____</p> <p>Company: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>			

**Attention:** The pump installer shall provide a pump installation log to On-site within 30 days of pump installation.