

**ADDENDUM TO STATEMENT OF COMPLETION**

Permit No. U.W. \_\_\_\_\_ WELL NAME: \_\_\_\_\_

IF A NEW PUMP WAS INSTALLED PLEASE COMPLETE THE FOLLOWING ITEMS:

DATE OF INSTALLATION OF NEW PUMP: \_\_\_\_\_

PUMP INFORMATION: Manufacturer \_\_\_\_\_ Type \_\_\_\_\_

Source of power \_\_\_\_\_ Horsepower \_\_\_\_\_

Depth of Pump Setting or intake \_\_\_\_\_

Amount of Water Being Pumped \_\_\_\_\_ Gallons Per Minute

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