

GRUNDFOS SUBMERSIBLE PUMP INSTALLATION RECORD WELL APPLICATION

DISTIRBUTOR INFORMATION	Distributor Name: _____
	Distributor Contact: _____
	Email: _____
	Phone: _____
	Address: _____
	City: _____
INSTALLER INFORMATION	State / Province: _____
	ZIP/Postal Code: _____
	Installer Company: _____
	Contact: _____
	Email: _____
	Phone: _____
OWNER INFORMATION	Address: _____
	City: _____
	State / Province: _____
	ZIP/Postal Code: _____
	Owners Name: _____
	Phone: _____

MOTOR NAMEPLATE

Motor Manufacturer: _____

Product Number: _____

Motor Model: _____

Unique Serial Number: _____ Date Code: _____

HP: _____ Voltage: _____ PH: _____

If single phase: 2-wire ☐ or 3-wire ☐ (Check One)

Full-load Amps: _____ SF Amps: _____

PUMP END NAMEPLATE

Pump End Manufacturer: _____

Unique Serial Number: _____

Date Code: _____ Model Number: _____

HP Required (by Pump End): _____ Curve No. _____

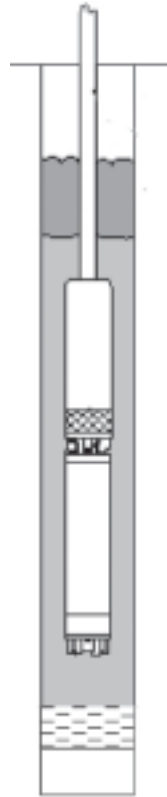
Rating: _____ @ GPM ☐ LPM ☐ _____ Ft. ☐ M. ☐ TDH

NPSH Required: _____ Ft. ☐ M. ☐ NPSH Avalib.: _____ Ft. ☐ M. ☐

Actual Pump Delivery: _____ GPM ☐ LPM ☐ @ _____ PSI ☐ Bar ☐

Operating Cycle: ON (Hr./Min) _____ OFF (Hr./Min) _____

WELL DATA



Total Dynamic Head: _____ Ft. ☐ M. ☐

Casing Diameter: _____ In. ☐ Cm. ☐

Drop Pipe Diameter: _____ In. ☐ Cm. ☐

Drop Pipe Length: _____ Ft. ☐ M. ☐

Drop Pipe Material: _____

Static Water Level: _____ Ft. ☐ M. ☐

Draw-down (pumping) Water Level: _____ Ft. ☐ M. ☐

Check Valves at: _____ & _____ & _____ & _____ Ft. ☐ M. ☐

Solids ☐ or Drilled ☐

Open Hole ☐ (Check One)

Pump Inlet Setting: _____ Ft. ☐ M. ☐

Flow Sleeve: No ☐ Yes ☐ Dia., _____ In. ☐ Cm. ☐

Case Depth: _____

Well Screen ☐ Perforated Casing ☐

from _____ to _____ & _____ to _____ Ft. ☐ M. ☐

Well Depth: _____ Ft. ☐ M. ☐

Well Name / ID: _____

GPS Coordinates: _____

Date Installed: _____ Date Failed: _____

Water Temperature: _____ F° ☐ C° ☐

Well Address: _____

City: _____

State / Province: _____

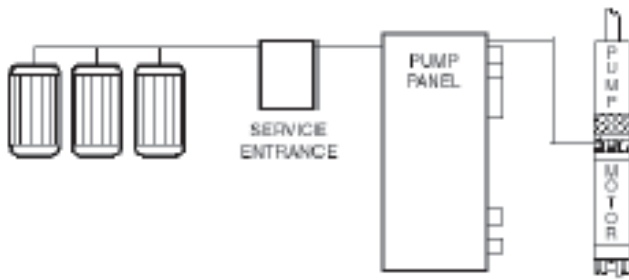
ZIP/Postal Code: _____

TOP PLUMBING

Please sketch the plumbing after the well head (check valves, throttling valves, pressure tank, etc.) and indicate the setting of each device.

YOUR NAME: _____ DATE: ____/____/____

INCOMING POWER SUPPLY



CABLES:

Service entrance to pump panel _____ ft. ☐ m. ☐ _____ AGW/MCM

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Copper | <input type="checkbox"/> Aluminum |
| <input type="checkbox"/> Jacketed | <input type="checkbox"/> Individual Conductors |

Pump panel to motor _____ ft. ☐ m. ☐ _____ AGW/MCM

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Copper | <input type="checkbox"/> Aluminum |
| <input type="checkbox"/> Jacketed | <input type="checkbox"/> Individual Conductors |

Wye ☐ or Delta ☐ (check one) If Delta, choose configuration:

Open: ☐ 1 Transformer ☐ 2 Transformers | Closed: ☐ 3 Transformers

Output Voltage: _____ KVA available: _____

INCOMING VOLTAGE TO PUMP PANEL:

No Load: L1-L2 _____ L2-L3 _____ L1-L3 _____

L1-G _____ L2-G _____ L3-G _____

Full Load: L1-L2 _____ L2-L3 _____ L1-L3 _____

L1-G _____ L2-G _____ L3-G _____

INSULATION CHECK:

Initial Megs: Motor & Lead Only: Black _____ Yellow _____ Red _____

Installed Megs: Motor, Lead & Cable: Black _____ Yellow _____ Red _____

RUNNING AMPS: (For single phase applications L2 is = Neutral)

HOOKUP 1: Full Load: L1 _____ L2 _____ L3 _____ % Unbalance _____

HOOKUP 2: Full Load: L1 _____ L2 _____ L3 _____ % Unbalance _____

HOOKUP 3: Full Load: L1 _____ L2 _____ L3 _____ % Unbalance _____

Ground wire size: _____ AGW/MCM

System Grounded to: (check all that apply)

Well Head ☐ Motor ☐ Rod ☐ Power Supply ☐

DC ground current: _____ mA

PUMP PANEL:

Full Voltage Panel Manufacturer: _____

Pump Panel Model: _____

Unique Serial Number: _____

Date Code: _____

SF Amp Rating: _____

Voltage: _____

Short Circuit Devices

Circuit Breaker

- ☐ Heater Heater Size _____
- ☐ Fuses _____ Amp Rating _____ Amp Setting
- ☐ Non-Time Delay _____ Amp Rating
- ☐ Time Delay _____ Amp Rating

SOFT START

Manufacturer: _____ Model Number: _____

Unique Serial No.: _____ Date Code: _____

Accel. time (0- 30hz): _____ Decel. time (0- 30hz): _____

SF Amp rating: _____ Voltage: _____

Adjustable overload set at: _____

VFD/RSI:

Manufacturer: _____ Model Number: _____

Unique Serial No.: _____ Date Code: _____

SF Amp rating: _____ Voltage: _____

VFD Carrier Frequency: _____ k Hz.

VFD Accel. Time 0 to 30 Hz.: _____ Sec. Max. Freq. _____ Hz.

VFD Decel. Time 30 to 0 Hz.: _____ Sec. Max. Freq. _____ Hz.

Volts/Hz. Profile (Linear or non-Linear) _____

If Non-Linear, how configured? _____

OUTPUT FILTER MFG.: _____ Type: _____

Part Number: _____

Unique Serial No.: _____ Date Code: _____

SF Amp rating: _____ Voltage: _____

MP204:

Warranty Registration No. _____

Current Stop Limits: Max. _____ A, Min. _____ A

(To view the warning and stop limits, an R100 or Grundfos GO is required):

Temp Limits: WAR. _____ C° ☐ F° ☐ STOP _____ C° ☐ F° ☐

Current War. Limits: _____ A _____ A

Voltage Limits: Low _____/High _____ Low _____/High _____

Unbalanced Limits: _____

REMOTE MANAGEMENT:

Manufacturer: _____ Model Number: _____

Unique Serial No.: _____ Date Code: _____

SINGLE PHASE CONTROL BOX:

Manufacturer: _____ Model Number: _____

Start Capacitor: _____ - _____ mf. Measured value: _____

Run Capacitor: _____ - _____ mf. Measured value: _____

Run Capacitor: _____ - _____ mf. Measured value: _____