

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: N-138

Elevation: _____

County: <u>Amite</u>
Permit #: _____
Driller: <u>Griner Drilling</u>
Date Completed: <u>10/30/2005</u>

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name: <u>Town of Liberty</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>160 Clinic Drive</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Liberty, MS 39645</u>	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>2n</u> Rng <u>4e</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No.: _____	<u>0</u> Miles <u>north</u> of <u>Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> (Turbine) <input type="checkbox"/>	(Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>9/10/2005</u>	Setting Depth: <u>162</u> feet
Rated Pump Capacity: <u>300</u> Gallons per minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>10/30/2005</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>53.61</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>81.72</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown {(B) - (A)}: <u>28.11</u> Feet Below Land Surface	Well yielded <u>302</u> GPM with a drawdown of
Test Pumping Rate: <u>302</u> Gallons Per Minute	<u>28.11</u> feet after <u>26</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>26</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Griner Drilling Service, Inc. 0-581
Print Name of Pump Installer and License No. (if applicable)

Charles H. Griner
Signature of Pump Installer

RECEIVED
10/31/05
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