

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Benton
 Permit #: _____
 Driller: Jones w. Masor
 Date completed: 1-24-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-74
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>ms white - Theresa Lynch</u>	Latitude: <u>34-56.688</u> Longitude: <u>89.15.774</u>
Mailing Address: <u>7930 Hwy 72</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Michigan City MS 38649</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 1 T 2s R 1w</u>
Telephone No. <u>(901) 359-4824</u>	Distance Direction Nearest Town <u>2314</u> Miles <u>s</u> of <u>Michigan city</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>1-24-09</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-24-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): <u>string level</u>
Pumping Water Level (B): <u>nd</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>nd</u> feet
Drawdown [(B) - (A)]: <u>nd</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>nd</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Jones w. Masor 0-620 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

RECEIVED

FEB 23 2009
BY: OLWR