STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources Date completed: P.O. Box 2309 Jackson, MS 39225-2309 Aquifer: __ Copy information from block on Part 1 (601)961-5210 (601) 360-0535 (fax) 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 34°55' 3" Well Location 99° 191 2 Owner Name: Mancy Michalle al Latitude: 34 55-055 Longitude: 8 Method of Lat/Long (check one): Conventional Survey______, USGS quad_____, Hand-held GPS_____, Survey-grade GPS___ Miles (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Is This Pump (circle one): New Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): 3/4 Setting Depth: 60 feet Number of Stages: Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Date Well Tested: 3-12-14 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 38 Feet Below Land Surface Pumping Water Level (B): 45 Feet Below Land Surface 7 Feet Below Land Surface Test Pumping Rate: ______ Gallons Per Minute Drawdown [(B) - (A)]: _____ Method of measurement (circle one) Steel tape | Electric tape | Air line | Other (describe): Pump Test Data for Flowing Well Measured shut in head: _____feet. Well yielded ____GPM with a drawdown of ___ __feet after _____hours of pumping Meter Installation Meter Manufacturer: _____ Meter Serial Number: _____ Meter Model Number/Name: _____ Type of Meter:_____ Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):_____

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

For agricultural wells, a list of approved meters is on the MDEQ website.

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

Larry Capenter 0-162 3-15-14 Lary Capetle

Print Name of Pump Installer and License No. (If applicable)

Date

Signature of Pump Installer

___ Meter installed by: ______

Installation Date:

Is This Meter (circle one): New Repaired Replacement

Form: OLWR-SWR-1B (4/13)

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County: _	Benlon
Permit #:	0-162 NX

The sketch below only required for water wells

If well	telescopes,	show	depths	on	sketci	h
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Ground Level		

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well #: <u>D 79</u>

<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations</u>

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Surface Soil	0	15
met. Ret Sand	15	30
	<u> </u>	
net White Soul	30	32
White Clay	32	38
Coarse White Sand	38	98
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid in location	ocating the well		
any roads, power lines, or other items that may aid in location arrow	ing the property and the wel	' 31 V	√
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Landowner Name: Mancy Michelle a	llen	(* 1
i HEREBY CERTIFY that the well/borehole was drilled, constr requirements of the Mississippi Department of Environmenta if applicable, and state laws.	ucted, and completed in	accordance with all opi Department of H	applicable ealth regulations,
	(- ()	0 6	2
Warry Carpenter #0-162 3-1 Print Name of Responsible Licensee and License No.	Date San	Signature of Licen	see
			OLWR-SWR-1A (4/13)