





# 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G268  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-4656  
 Driller: John Rybolt TV  
 Date completed: 10-3-12

Copy Information from Block on Part 1

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>Double C Farms, Inc</u>	Latitude: <u>033° 47' 32.54"</u> Longitude: <u>090° 45' 55.45"</u>
Mailing Address: <u>990 Township Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>Merigold</u> <u>MS</u> <u>38759</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 36 1 23 N R 6 W</u>
Telephone No. <u>(662) 719-4703</u>	Distance Direction Nearest Town
	<u>3.78</u> Miles <u>Sw</u> of <u>Merigold</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>30</u>
Date Pump Installed: <u>10-3-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer