





# 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: DeKalb  
 Permit #: \_\_\_\_\_  
 Driller: Cook Drilling Co. Inc.  
 Date completed: 8-3-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: L250  
 Well #: \_\_\_\_\_  
 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>Quasi Farm</u>	Latitude: <u>33.44834</u> Longitude: <u>90.50689</u>
Mailing Address: <u>1241 South Bishop Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Memphis Ms. 38132</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 843-5512</u>	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>Leachman</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8-3-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-3-09</u>	Air Line,              Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>44</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Cook Drilling Co. 289  
 Print Name of Pump Installer and License No. (if applicable)

Sidney Cook  
 Signature of Pump Installer

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

Sidney COOK - 289

**RECEIVED**  
 OCT 07 2009  
 BY: OLWR