

Date completed: Cochran

P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

Aquifer: C147

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 I 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>HEATON FARMS</u>	Latitude: <u>34° 20' 06"</u> Longitude: <u>90° 31' 06"</u>		Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>	
Mailing Address: <u>P.O. BOX 158</u>	USGS quad <u>SW ¼ SW ¼, Sec 33 T 29N R 03W</u>		Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>	
<u>LYON</u> City	<u>MS</u> State	<u>38645</u> Zip Code	<u>1</u> Miles <u>E</u> of <u>RUDYARD</u>	
Telephone No. <u>(602) 624-2921</u>			(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6-25-13 Rated Pump Capacity: 1800 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 125 Setting Depth: 60 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

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: V/A Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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.

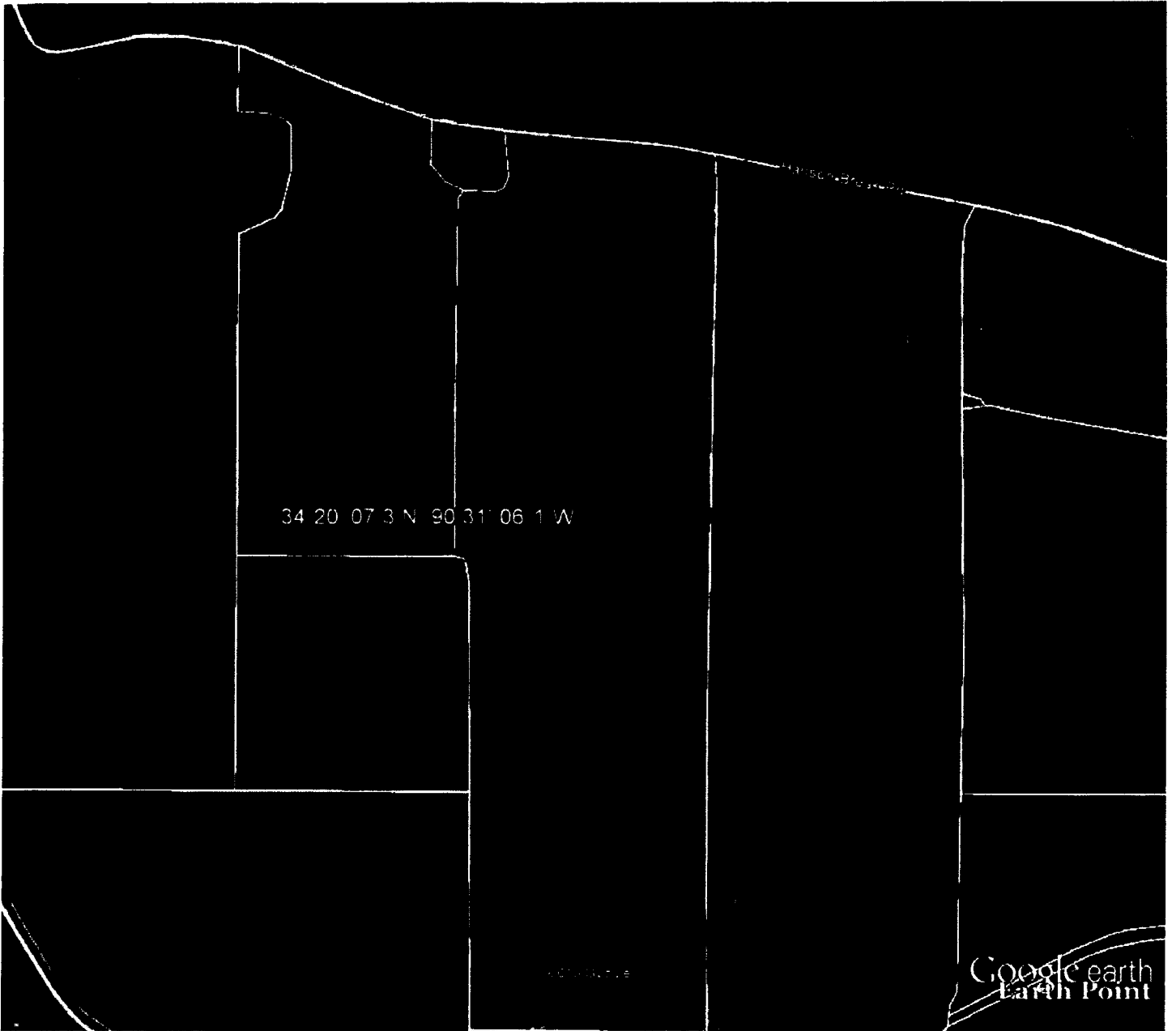
I HEREBY CERTIFY that the above statements are true to the best of my knowledge

DAVID P. HOLT 0-752P 7-17-13 _____

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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

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Google earth

