





### 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

#### For Office Use Only:

Well #: H118  
 Aquifer: \_\_\_\_\_

County: COAHOMA  
 Permit #: GW-47497  
 Driller: IRRIGATION EQUIPMENT  
 Date completed: \_\_\_\_\_  
*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>K AND T PLANTING</u>		Latitude:	<u>34° 08.13'</u>
Mailing Address:	<u>P.O. BOX 516</u>		Longitude:	<u>90° 40.57"</u>
			Method of Lat/Long (check one):	Conventional Survey _____
			USGS quad _____	Hand-held GPS _____
			Survey-grade GPS _____	
<u>DUBLIN</u>	<u>MS</u>	<u>38739</u>	<u>SW 1/4 SE 1/4, Sec 11</u>	<u>T 26N R 05</u>
City	State	Zip Code	<u>1/2</u> Miles	<u>NW</u> of <u>BOBO</u>
Telephone No. <u>(602) 902-8258</u>			(Distance)	(Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 6-21-13 Rated Pump Capacity: 2200 Gallons Per Minute  
 Is This Pump (circle one): New Repaired Replacement EXISTING PUMP

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

**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: N/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 0-752 P 7-23-13  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

07/23/13



34° 08' 13.1 N 90° 40' 58.1 W

Bobo--New--Wca/Rd

Bobo--New--Wca/Rd

Bobo

Bobo

Bobo

Google earth  
Earth Point

Google earth

feet  
km

