

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Desoto
 Permit #: _____
 Driller: Jones w. Maser
 Date completed: 6-24-05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-144
 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>C-m Builders</u>	Latitude: <u>34.55.722</u> Longitude: <u>89.44.186</u>
Mailing Address: <u>LOT 28 stockade drive</u> <u>Estates of Centerhill</u> <u>Olive Branch ms 38654</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 NW 1/4 Sec 9 T2S R 5W</u>
Telephone No. <u>(663) 890-3582</u>	Distance Direction Nearest Town <u>2 1/4 Miles SE of handy corner</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>6-24-05</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-24-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>String / weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>18</u> GPM with a drawdown of
Test Pumping Rate: <u>18</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Jones w. Maser _____
 Print Name of Pump Installer and License No. (if applicable)

Jones w. Maser
 Signature of Pump Installer

Form: QLWR-SWR-1B

RECEIVED
 JUN 28 2005
 BY: QLWR