

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 #: _____
 Elevation: _____

County: Dezard
 Permit #: 0-780
 Driller: Spaul
 Date completed: 4-7-11
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

Owner Name: Martin Stapleton
 Mailing Address: 290 Mt Pleasant Rd
Lumbard MS 39452
 City State Zip Code
 Telephone No. () _____

Well Location

Latitude: 30-47-207 Longitude: 88-37-786
 Method of Lat Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
NE 1/4 SW 1/4 Sec 17 T 35 R 7W
 Distance Direction Nearest Town
2 Miles north of Barton, MS

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-7-11
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1
 Setting Depth: 40 jet line feet
 Number of Stages: 2

Pump Test Data

Date Well Tested: 4-7-11
 Static Water Level (A): 5 Feet Below Land Surface
 Pumping Water Level (B): 40 Feet Below Land Surface
 Drawdown [(B) - (A)]: 2 Feet Below Land Surface
 Test Pumping Rate: 10 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 10 GPM with a drawdown of
2 feet after 48 hours of pumping

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

Joel Piere - 0780 Joel Piere
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY: OLWR
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