

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)

County: HARRISON
 Permit #: _____
 Driller: CAST WATER WELLS INC
 Date completed: 11-23-15
 Copy information from block on Part 1

For Office Use Only:

Well #: H 439
 Aquifer: _____

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>Art Petrucci</u>	Latitude: <u>30° 29' 31.56"</u> Longitude: <u>088° 35' 45.72"</u>
Mailing Address: <u>Gilbert Preston RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Perkinston, MS 39574</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 NW 1/4, Sec 31 T 5S R 9W</u>
Telephone No. <u>228 348-3404</u>	<u>7</u> Miles <u>North</u> of <u>Biloxi</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 11-24-15 Rated Pump Capacity: 8 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: 1HP Setting Depth: 8 FT DP feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 11-24-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 55 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 8 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 N/A feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: N/A 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.

Jack Riddell 0-472 _____
 Print Name of Pump Installer and License No. (if applicable) Date

 Signature of Pump Installer