

# 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 *← correct address*  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: E147

Elevation: \_\_\_\_\_

County: Humphreys  
Permit #: \_\_\_\_\_  
Driller: N/A  
Date completed: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Humphrey County Water</u>	Latitude: <u>33° 09' 18" 09</u> Longitude: <u>90° 36' 48" 25</u>
Mailing Address: <u>454 Parsonage Road</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Belzoni</u> <u>MS</u> <u>39038</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>15N</u> Rng <u>4W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4</u> Miles <u>West</u> of <u>Belzoni</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>6/24/09</u>	Setting Depth: <u>90'</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>4</u>

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

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

Steve Luckett

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

*[Signature]*

Signature of Pump Installer

RECEIVED

JUL 09 2009

BY: OLWF

Repair.