

059

STATE WELL REPORT

Part 2

County: Jackson
 Permit #: NA GW 5615
 Driller: Layne
 Date completed: NA
Copy information from block on Part 1

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 #: Φ 313
 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
 Owner Name: City of Gautier
 Mailing Address: 3330 US 90
Gautier MS 39553
 City State Zip Code
 Telephone No. (228) 497-8000

Well Location
 Latitude: 30° 23' 35.43" N Longitude: 88° 40' 02" W
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
SE 1/4 NE 1/4 Sec 34 T 7S R 7W
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

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MAY 16 2014

BY: OLWR

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 5/3/2014
 Rated Pump Capacity: 650 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: 75
 Setting Depth: 170 feet
 Number of Stages: 8

Pump Test Data
 Date Well Tested: 5/3/2014
 Static Water Level (A): 90 Feet Below Land Surface
 Pumping Water Level (B): 130 Feet Below Land Surface
 Drawdown [(B) - (A)]: 40 Feet Below Land Surface
 Test Pumping Rate: 700 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 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 700 GPM with a drawdown of
17.9 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Josh Ladner 0-640 Pump Replacement
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

Replaced pump

MSDH # MS0300004-10 4/18/16

P20

21st May

21st

21st

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21st May