

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: CALIFAYETTE
 Permit #: _____
 Driller: Zeeper Drilling
 Date completed: 6-15-13
Copy information from block on Part 1

For Office Use Only:

Well #: 024
 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>MARTY POST</u>	Latitude: <u>34 13.645</u> Longitude: <u>89 31.399</u>
Mailing Address: <u>244 CR 369</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
Well #1 <u>Water Valley MS 38965</u>	_____ 1/4 _____ 1/4, Sec <u>32</u> T. <u>9S</u> R. <u>3W</u>
City _____ State _____ Zip Code _____	<u>6</u> Miles <u>SW</u> of <u>OXFORD</u>
Telephone No. <u>662 801-4857</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-15-13 Rated Pump Capacity: 20 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: 65 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 6-15-13 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 48 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

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

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ 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.

Zeeper Drilling #0079 6-15-13 [Signature]

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

RECEIVED

JUL 15 2013

BY: OLWR