





# 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  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

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

Well #: E-37 77

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

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: James Wells  
 Date completed: 11-10-04

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>Derald Hall</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11337 5<sup>th</sup> Street Ruben, LA</u> <u>Baton Rouge LA. 70816</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>E</u> 1/4 <del>4</del> 1/4 Sec. <u>10</u> Twn <del>8</del> Rng <u>816</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>South</u> of <u>New Hedon ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>11-10-04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-10-4</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>40</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

JAMES WELLS 586      James Wells  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECORDED  
 DEC 05 2004  
 BY: OLWA