

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 #: B78

Elevation: _____

County: LEE
 Permit #: MS-GW-16522
 Driller: Parks & Parks
 Date completed: 7/3/08
Copy information from block on Part 1

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>Norborn of MS</u>	Latitude: <u>34-27-48</u> Longitude: <u>88-39-01</u>
Mailing Address: <u>1194 Hwy 145</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Guntown MS 38849</u> City State Zip Code	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(662) 348-2800</u>	<u>SW 1/4</u> <u>NO 1/4</u> Sec <u>23</u> T <u>7S</u> R <u>6E</u> Distance Direction Nearest Town
	<u>1</u> Miles <u>N</u> of <u>Guntown</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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: <u>10</u>
Date Pump Installed: <u>7/7/08</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/8/08</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>159</u> 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: <u>100</u> Gallons Per Minute	
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.

Raymond Parks 0-414 Print Name of Pump Installer and License No. (if applicable) Raymond Parks Signature of Pump Installer

Form: OLWR-SWR-1B