

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 #: L 296

Elevation: _____

County: ~~Leflore~~
CARROLL
Permit #: _____
Driller: CBS Drilling
Date completed: 1-24-06

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>Bill Baggett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>902 Hy. 7 North</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Greene, MS 38901</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>T19N</u> Rng <u>1E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>Greenwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>1-24-06</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-24-06</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>1</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>24</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded <u>31</u> GPM with a drawdown of
Test Pumping Rate: <u>31</u> Gallons Per Minute	<u>23</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

CBS Drilling 0-537
Print Name of Pump Installer and License No. (if applicable)

Calvin Sullivan
Signature of Pump Installer

RECEIVED

FEB 10 2006

BY: OLWF