

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: Marshall
Permit #: 0-162
Driller: Larry Carpenter
Date completed: 12-27-13
Copy information from block on Part 1

For Office Use Only:
Well #: LS8
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>John Ford</u>	Latitude: <u>34°54.522</u> Longitude: <u>89°32.872</u>		Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Mailing Address: <u>1735 Highway 7 N</u>	City: <u>Holly Springs</u> State: <u>MS</u> Zip Code: <u>38635</u>		_____ 1/4 _____ 1/4, Sec. <u>19</u> T. <u>35</u> R. <u>2W</u>	
Telephone No. <u>(662) 252-4873</u>	_____ Miles <u>North</u> of <u>Holly Springs</u>		_____ (Distance) _____ (Direction) _____ (Nearest Town)	

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 12-27-13 Rated Pump Capacity: 12 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: 3/4 Setting Depth: 80 feet Number of Stages: 11

Pump Test Data for Non Flowing Well
Date Well Tested: 12-27-13 Duration of Pump Test (minimum 4 hours): 4 hours
Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 57 Feet Below Land Surface
Drawdown [(B) - (A)]: 7 Feet Below Land Surface Test Pumping Rate: 17 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.
Larry Carpenter #0-162 12-28-13 Larry Carpenter
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer