

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)

For Office Use Only:

Well #: S70
 Aquifer: _____

County: Marshall
 Permit #: 0-162
 Driller: Larry Carpenter
 Date completed: 6-2-14
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>Teresa Thompson</u>	Latitude: <u>34° 56.939</u> Longitude: <u>89° 23.554</u>
Mailing Address: <u>3321 Wilkins Chapel Rd</u>	Method of Lat/Long (check one): Conventional Survey <u>39-23</u> , USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Holly Springs</u> MS <u>38635</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>18</u> , T <u>55</u> R <u>3W</u>
City State Zip Code	<u>5</u> Miles <u>north</u> of <u>Louis Hill</u>
Telephone No. <u>(662) 252-6378</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 6-2-14 Rated Pump Capacity: 10 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: 185 feet Number of Stages: 11

Pump Test Data for Non Flowing Well

Date Well Tested: 6-2-14 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 165 Feet Below Land Surface Pumping Water Level (B): 175 Feet Below Land Surface

Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 15 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 #0162 6-2-14 Larry Carpenter
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 JUN 20 2014
 BY: OLWR