





# 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)

County: Marshall  
 Permit #: 0-162  
 Driller: Larry Carpenter  
 Date completed: 9-4-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: T37  
 Elevation: \_\_\_\_\_

*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 Smith Sr</u>    | Latitude: <u>34-36-57</u> Longitude: <u>89-24-44</u>          |
| Mailing Address: <u>634 Cox Ave</u> | Method of Lat/Long (check one): Conventional Survey _____     |
| <u>Holly Springs, Nc 38635</u>      | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____  |
| City State Zip Code                 | <u>NW</u> ¼ <u>SE</u> ¼ Sec <u>28</u> T <u>55</u> R <u>2W</u> |
| Telephone No. ( ) _____             | Distance Direction Nearest Town                               |
|                                     | <u>3</u> Miles <u>Southeast</u> of <u>Waterford</u>           |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                    |
|---|---|
| Air Lift Jet <input type="radio"/> <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>3/4</u>     |
| Date Pump Installed: <u>9-4-09</u>                    | Setting Depth: <del>60</del> <u>60</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute     | Number of Stages: <u>11</u>                 |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one       |
|--|---|
| Date Well Tested: <u>9-4-09</u>                            | Air Line Electric Measuring Line <u>Steel Tape</u>  |
| Static Water Level (A): <u>20</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>26</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>6</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>6</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.

LARRY CARPENTER 0-162  
 Print Name of Pump Installer and License No. (if applicable)

Larry Carpenter  
 Signature of Pump Installer

RECEIVED  
 SEP 24 2009