

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
 (601)961-5210
 (601)961-5228 (fax)

County: Panola
 Permit #: MS-6W-15443
 Driller: N/A
 Date completed: 2/22/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F21
 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>North Panola Water</u>	Latitude: <u>34° 29.783</u> Longitude: <u>90° 01.045</u>
Mailing Address: <u>2174 Dunlap Rd.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> <u>AA</u> <input type="checkbox"/> <u>03</u>
<u>Como, MS 38619</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(662) 515-2021 2021</u>	<u>NE 1/4 NW 1/4</u> Sec <u>11</u> T <u>7S</u> R <u>8W</u>
	Distance _____ Miles Direction _____ of Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u>Replaced motor</u>	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>2/22/11</u>	Setting Depth: <u>294</u> feet
Rated Pump Capacity: <u>385</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): _____ 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: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

Replacement

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

Boyd Mitchell RPO-00000722 Boyd Mitchell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

