

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: Itawamba
 Permit #: Prentiss
 Driller: Tom Rossi 0-509
 Date completed: 6-17-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-17
 Elevation: M38

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 Adams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>170 Co Rd 461</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Saltillo</u> <u>MS</u> <u>38866</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>3</u> T <u>7-S</u> R <u>9-E</u>
Telephone No. () _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6/17/08</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>10-12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/29/08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
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
Test Pumping Rate: <u>10-12</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Thomas Rossi 0-509 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 Form: OLWR-SWR-11B
 JUL 02 2008
 BY: OLWR

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