

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 #: 574

Aquifer: _____

County: Dunklin

Permit #: _____

Driller: West Water Well

Date completed: 8/4/16

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>David Reel</u> | Latitude: <u>32° 09' 26"</u> Longitude: <u>89° 47' 25"</u> |
| Mailing Address: <u>23 SCR 127</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City: <u>Magee</u> State: <u>MS</u> Zip Code: <u>39111</u> | <u>SE NW</u> 1/4 <u>NW SE</u> 1/4, Sec <u>29</u> T <u>4N</u> R <u>5E</u> |
| Telephone No. (601) <u>500-1728</u> | <u>4</u> Miles <u>NW</u> of <u>Puckett</u> (Distance) (Direction) (Nearest Town) |

Pump Type (circle one)

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

Date Pump Installed: _____ 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: 1 Setting Depth: 266 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ 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.

David A West 0-672 8-25-16 David West

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer