





# 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)

County: Sharkey  
Permit #: 6W-147639  
Driller: J. Newlome 0773  
Date completed: 8-31-13  
Copy information from block on Part 1

**For Office Use Only:**  
Well #: A237  
Aquifer: \_\_\_\_\_

*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>Delta Pine Land MGT LLC</u>	Latitude: <u>33 00 30</u>	Longitude: <u>90 46 56</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Mailing Address: <u>P.O. Box 5669</u>	SE <sup>SE</sup> / <sub>4</sub> SW <sup>SE</sup> / <sub>4</sub> , Sec <u>35</u> T <u>14N</u> R <u>06W</u>				
<u>Greenville</u> City	<u>MS</u> State	<u>38704</u> Zip Code	<u>3.5</u> Miles <u>N.E</u> of <u>Anguilla</u>		
Telephone No. (____) _____	(Distance)		(Direction)		(Nearest Town)

**Pump Type (circle one)**  
Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 9-4-13 Rated Pump Capacity: 2500 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: 60HP Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
Date Well Tested: Not 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: Not Tested  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: No Meter 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.  
Hubbard Stephens 741-P 10/6/13 Hubbard Stephens  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer