

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: Simpson
 Permit #: GW-17187
 Driller: Water Well Services
 Date completed: 8-1-16
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: B73
 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>SW Rankin Water Association</u>	Latitude: <u>32 02 52N</u> Longitude: <u>90 07 53W</u>
Mailing Address: <u>201 South County Line Rd</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <input checked="" type="checkbox"/> OK <input type="checkbox"/> OK
<u>Florence Ms 39023</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 MO 1/4 Sec 6 T 2N R 2E</u>
Telephone No. <u>(601) 845-2440</u>	Distance Direction Nearest Town <u>3 Miles North of Hamsville, Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7-27-16</u>	Setting Depth: <u>215</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>137</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>185</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>200</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Arnold Fincher Sr 0598 Signature of Pump Installer
 Print Name of Pump Installer and License No. (if applicable)

Received

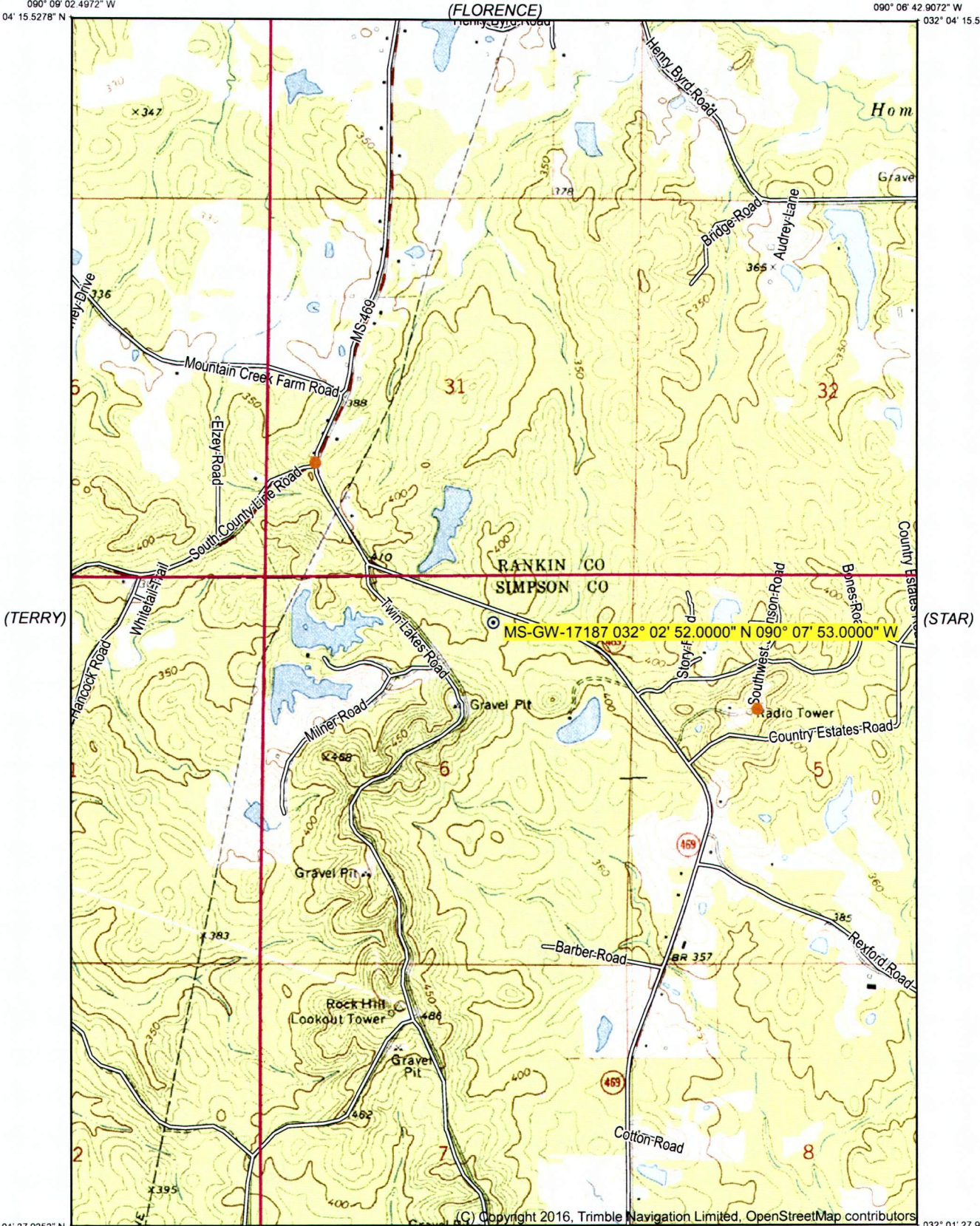
Form: OLWR-SWR-1B (04/08)

AUG 02 2016

By OLWR

090° 09' 02.4972" W
032° 04' 15.5278" N

090° 06' 42.9072" W
032° 04' 15.5278" N



032° 01' 27.9252" N
090° 09' 02.4972" W

090° 06' 42.9072" W
032° 01' 27.9252" N

(CRYSTAL SPRINGS)

(HOPEWELL)
SCALE 1:24000

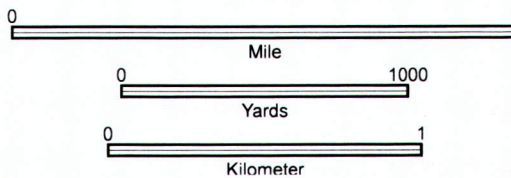
(HARRISVILLE)

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 17M N and
8M W

Declination



CONTOUR INTERVAL 10 FT

32090-A2-TM-024
WHITES, MS
JAN 1, 1971