

### 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: Snowflake  
 Permit #: GW 04368  
 Driller: N/A  
 Date completed: 1/09/14  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: B31 ?  
 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.*

<b>Well Owner Information</b>			<b>Well Location</b>		
Owner Name: <u>Rome Water Assn.</u>			Latitude: <u>33° 57' 36.216"</u> Longitude: <u>90° 28' 58.508"</u>		
Mailing Address: <u>P.O. Box 175</u>			Method of Lat/Long (check one): Conventional Survey _____ <u>33-57-36</u> <u>90-28-58</u>		
<u>Rome</u> <u>MS</u> <u>38768</u>			USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____		
City State Zip Code			<u>SW 1/4 SW 1/4, Sec 11 T 24N R 3W</u>		
Telephone No. ( ) _____			_____ Miles of _____ (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: \_\_\_\_\_ Gallons Per Minute  
 Is This Pump (circle one): New Repaired  Replacement Replaced the motor only  
**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 7.5 Setting Depth: 94' 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.  
JH Luckett RPO - 00000720 1/9/14 JH Luckett  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

