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BY: OLWR

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: Sunflower
 Permit #: GW 04969
 Driller: N/A
 Date completed: 12/18/12
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C28
 Elevation: 138


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 Owner Name: <u>Big Yenger Water Assn</u> Mailing Address: <u>1/2 Robert Andrews</u> <u>324 Drew-Merigold Rd.</u> <u>Merigold MS 38759</u> City State Zip Code Telephone No. () _____	Well Location <u>20.20"</u> Latitude: <u>33° 49' 11.82" N</u> Longitude: <u>90° 33' 16.40" W</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____
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Pump Type Circle one Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>12/18/12</u> Rated Pump Capacity: <u>180</u> Gallons Per Minute	Power Type Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>126</u> feet Number of Stages: <u>7</u>
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Pump Test Data Date Well Tested: _____ 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 Duration of Pump Test (minimum 4 hours): _____ hours	Method of Measuring Water Level Circle one Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Steve Lockett RPO-00000721 
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
 Form: OLWR-SWR-1C (07-09)

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