

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G0036

Elevation: _____

County: Sunflower
 Permit #: 08613
 Driller: _____
 Date completed: 7-24-09
 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>Rocconi Farin</u>	Latitude: <u>N 33° 37.841'</u> Longitude: <u>W 90° 37.527'</u>
Mailing Address: <u>285 Perovot Rd.</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> <u>51"</u> <u>32</u>
<u>Boyle</u> <u>Ms.</u> <u>38730</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 29 T21N R 4W</u>
Telephone No. <u>662 846-1800</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SW</u> of <u>Doddswille</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input checked="" type="radio"/> <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-24-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>1-811</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>52'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Peacock's Pump & Repair Inc. 0-728P Tommy Peacock
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Pump repaired & installed in existing 16" well

Form: OLWR-SWR-1B

RECEIVED

JUL 29 2009

BY: OLWR

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