

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)

For Office Use Only:

Aquifer: _____
Well #: H212
Elevation: _____

County: Sunflower
Permit #: GW-46168
Driller: Irrigation Equipment
Date drilling completed: 06/09/2012
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>Pentecost LLC</u>	Latitude: <u>33 39' 51 N</u> Longitude: <u>90 31' 01 W</u>
Mailing Address: <u>P.O. Box 52</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Doddsville</u> <u>Ms</u> <u>38736</u>	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>28</u> T <u>21N</u> R <u>3W</u>
City State Zip code	Distance Direction Nearest Town
Telephone No. () -	_____ Miles <u>Northeast</u> of <u>Doddsville</u>

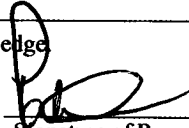
Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>06/18/2012</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity <u>2300+/-</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ 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	

This is for (check 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

Patrick Chism 0695
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer

RECEIVED
JUL 06 2012

Form: OLWR-SWR-1C (07-09)
BY: OLWR