

36627 J34

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: Sunflower
 Permit #: 36627
 Driller: Michael Wells
 Date completed: 6-8-13
 Copy Information from block on Part 1

For Office Use Only:
 Well #: J34
 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.

Well Owner Information	Well Location
Owner Name: <u>Westchester Group, Inc</u>	Latitude: <u>33° 34' 22.66"</u> Longitude: <u>90° 44' 32.82"</u>
Mailing Address: <u>2026 Glenbrook Blvd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>German town</u> <u>TX</u> <u>38139</u>	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>17</u> T <u>20N</u> R <u>5W</u>
City State Zip Code	<u>2.66</u> Miles <u>SE</u> of <u>Shaw</u>
Telephone No. <u>(662) 207-0269</u>	(Distance) (Direction) (Nearest Town)

Boyer Quad

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-8-13 Rated Pump Capacity: _____ Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 40 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Foot Below Land Surface Test Pumping Rate: N/A Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well NA
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: McCrometer Meter Serial Number: 13-05592-08
 Meter Model Number/Name: M0308 Type of Meter: Propeller Saddle
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): gal x 1000
 Installation Date: 6-18-13 Meter installed by: Mid-South Water & Machine Works LLC
 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.
Clayton Miller 0-703 6-15-13 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 JUN 21 2013
 BY: OLWR

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