

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)

County: Sunflower
 Permit #: _____
 Driller: Aldric Jones
 Date completed: 04/12/04
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

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>FMH Water Association</u>	Latitude: <u>N33° 35' 6.32"</u> Longitude: <u>W90° 33' 32.4"</u>
Mailing Address: <u>P O Box 1107</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Indianola, MS 38751-1107</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>16</u> T <u>20</u> R <u>3</u>
Telephone No. <u>(662) 686-2804</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>South of</u> <u>Blaine, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>N/A</u>	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>02/15/05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>02/17/05</u>	XXXXX <u>Electric Measuring Line</u> XXXXX
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): <u>44</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded <u>417</u> GPM with a drawdown of
Test Pumping Rate: <u>417</u> Gallons Per Minute	<u>24</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

8-62 Dave Cook

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B
RECEIVED
MAR 16 2005
BY: OLWR

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