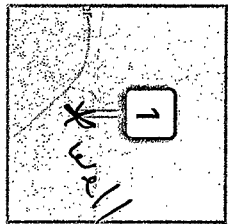
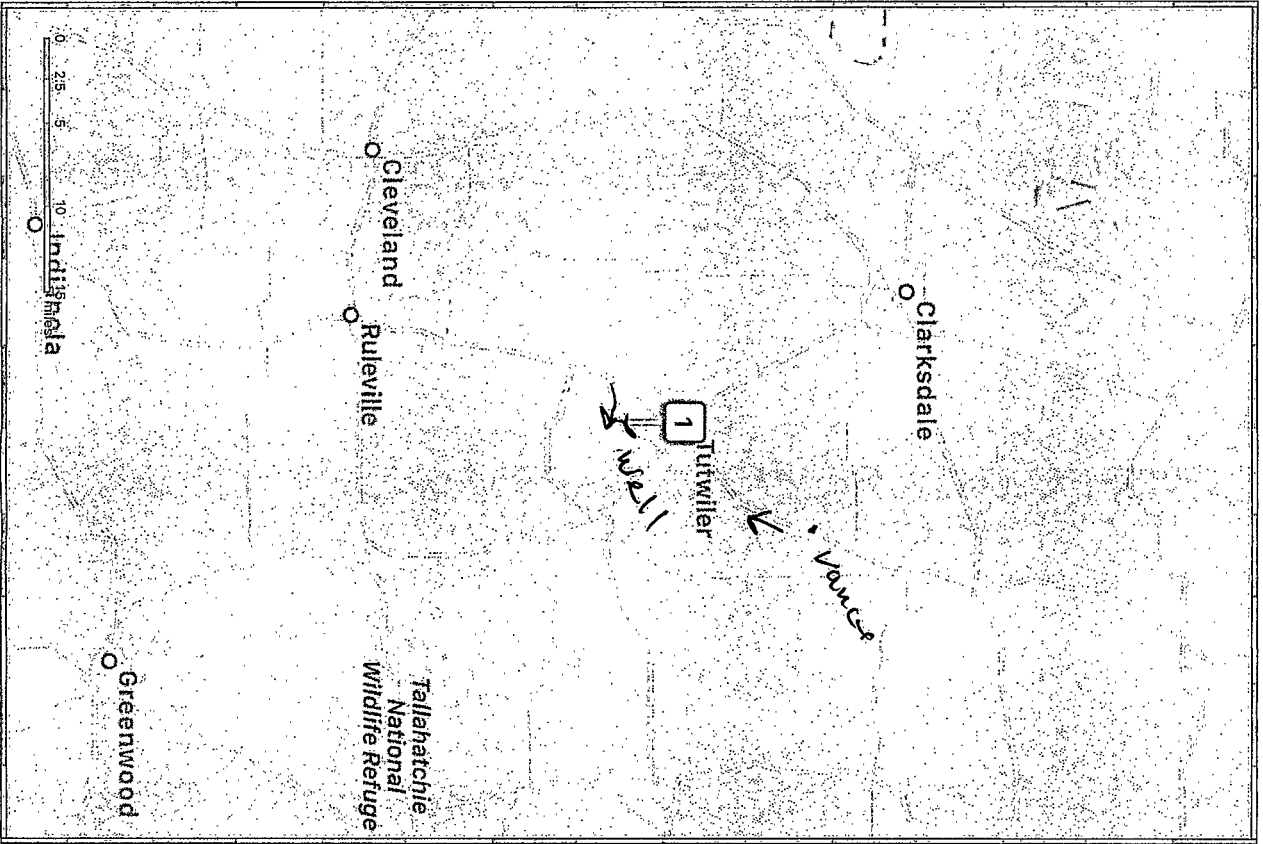




Haia



33 57 58n 90 26 24W  
near Tutwiler



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Tutwiler, MS 38963  
Tutwiler, MS 38963



# 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: Jackson  
 Permit #: MS, LW-49892  
 Driller: TEDDY COATS  
 Date completed: 7/27/17  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H212  
 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>Will Buggan</u>	Latitude: <u>33 57 58</u> Longitude: <u>90 26 24</u>
Mailing Address: <u>(same)</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 313</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Sumner MS 38957</u>	<u>SW 1/4 NE 1/4 Sec 07 T24N R 02W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3</u> Miles <u>S</u> of <u>Vance</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	<del>Die Engine</del> Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30 HP</u>
Date Pump Installed: <del>7/27/17</del> <u>7/27/17</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>0</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/27/17</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>1800</u> GPM with a drawdown of
Test Pumping Rate: <u>1800</u> Gallons Per Minute	<u>10</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.

TEDDY COATS #5318 Teddy Coats  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer