





# 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)

### For Office Use Only:

Well #: D157  
Aquifer: \_\_\_\_\_

County: Tate  
Permit #: \_\_\_\_\_  
Driller: Jones w. Mason  
Date completed: 5-13-13  
*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>Shirley Mays</u>	Latitude: <u>34.435833</u> Longitude: <u>89.444969</u>
Mailing Address: <u>408 powers rd.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Coldwater</u> <u>ms</u> <u>38618</u> City State Zip Code	<u>SW 1/4 NE 1/4, Sec 17 T 45 R 5w</u> <u>1/2</u> Miles <u>SW</u> of <u>McCloud</u> (Distance) (Direction) (Nearest Town)
Telephone No. (662) <u>233-0337</u>	

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 5-13-13 Rated Pump Capacity: 10 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: 3/4 Setting Depth: 120 feet Number of Stages: 8

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 5-13-13 Duration of Pump Test (minimum 4 hours): 24 hours  
Static Water Level (A): 93 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface  
Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): String level

**Pump Test Data for Flowing Well**  
Measured shut in head: N/A feet.  
Well yielded 10 GPM with a drawdown of N/A feet after 24 hours of pumping

**Meter Installation**  
Meter Manufacturer: N/A Meter Serial Number: N/A  
Meter Model Number/Name: N/A Type of Meter: N/A  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): N/A  
Installation Date: N/A Meter installed by: N/A  
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.  
Jones w. Mason 0-620 6-5-13 Jones w. Mason  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer