

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: Walthall
Permit #: _____
Driller: Gary Rayborn
Date completed: 7-10-13
Copy information from block on Part 1

For Office Use Only:

Well #: 677
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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>D & D Drilling, Inc.</u> Mailing Address: <u>P.O. Box 1634</u> <u>Ferriday LA 71334</u> City State Zip Code Telephone No. <u>(318) 757-3274</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>31° 91' 15" N</u> Longitude: <u>90° 22' 30" W</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____ _____ ¼ _____ ¼, Sec <u>35</u> T <u>2N</u> R <u>12E</u> <u>2.1</u> Miles <u>NE</u> of <u>Dexter</u> (Distance) (Direction) (Nearest Town)</p>
--	---

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7-10-13 Rated Pump Capacity: 60 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: 5HP Setting Depth: 126 feet Number of Stages: 10

Pump Test Data for Non Flowing Well

Date Well Tested: 7-10-13 Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 80 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: 60 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

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.

Gary Rayborn 0-60 7/15/13 _____
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
JUL 17 2013
BY: OLWR