

Well drilled 7/17/79

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)

For Office Use Only:

Aquifer: D157
Well #: _____
Elevation: _____

County: Washington
Permit #: MS-GW-14196
Driller: N/A Lambert Drilling
Date completed: 11/11/11
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>Delta Village Mobile Home Park</u>	Latitude: <u>33° 24' 5.5" N</u> Longitude: <u>90° 58' 45.9" W</u>
Mailing Address: <u>3836 Hwy. 82 West #00</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leland, MS 38756</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 15 T19N R 8W</u>
Telephone No. ()	Distance Direction Nearest Town <u>1</u> Miles <u>East of Greenville</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Electric Motor <input checked="" type="checkbox"/>	Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>11/11/11</u>	Setting Depth: <u>105'</u> feet
Rated Pump Capacity: <u>175</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well **Replacement of Existing Pump** Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Steve Luckett, RPO-0000721
Print Name of Pump Installer and License No. (if applicable) Steve Luckett
Signature of Pump Installer
Form: OLWR-SWR-1C (07-09)

