

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)

For Office Use Only:

Aquifer: _____

Well #: K-122

Elevation: _____

County: WASHINGTON

Permit #: _____

Driller: Chicot Irrigation #332

Date completed: 3-30-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>MUSCADINE FARMS</u>	Latitude: <u>33-14-183^N</u> Longitude: <u>090-58-373^W</u>
Mailing Address: <u>PO BOX OF ENGINEERS</u> <u>100 MOORE ST.</u> <u>GREENWOOD, MS. 38930</u>	Method of Lat/Long (circle one): Conventional Survey, <u>SE</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>1318</u> Twn <u>16N</u> Rng <u>8W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No: <u>(601) 631-5283</u>	<u>3.1</u> Miles <u>EAST</u> of <u>WAYSIDE MS.</u> <u>2.1 MILES SOUTH OF MUSCADINE RD.</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket: Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal: Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>3-30-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>NOT TESTED</u> <input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> 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	

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

GLEN ROWE #710P _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
APR 26 2005
BY: OLWR