

8192

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: _____
Well #: P192
Elevation: _____

County: WASHINGTON
Permit #: GW-
Driller: S. NEWCOME 0-773
Date completed: 3-28-2012

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>LYNN & DAVIS NUNNERY EASTLAND</u>	Latitude: <u>33° 09' 16"</u> Longitude: <u>90° 49' 19"</u>
Mailing Address: <u>70 BOX 427</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>50</u>
<u>HOLLANDALE MS 38748</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> X, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 28 T15N R06W</u>
Telephone No. () _____	SW NW Direction NE NE <u>1.6</u> Miles <u>SE</u> of <u>HOLLANDALE</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4/1/12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

Cam Rowe 0-711P CRowe
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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APR 27 2012

BY: OLWR



MARIS
Online Maps

Internet Mapping Framework



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Map center: 398942, 1373724



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Legend

- County Boundaries
- Township
- Public Land Survey System
- MS One Call Natchez Trace Parkway
- MS One Call Interstate Highway
- MS One Call US / State Highway
- MS One Call 3 digit State Highway
- MS One Call County Roads and Streets
- Incorporated Cities
- Other Urban (non-incorporated)
- NHD Other Areas (dbl streams and Inun)
- adams07_m.sid
- alcorn07_m.sid
- antle07_m.sid
- attala07_m.sid
- benton07
- bolivar07_m.sid
- calhoun07_m.sid
- carroll07_m.sid
- chickasaw07_m.sid
- choctaw07_m.sid
- claborn07_m.sid
- clarke07_m.sid



Scale: 1:32,889

