

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 #: J-134

Elevation: _____

County: Wayne
Permit #: _____
Driller: John W. Thompson
Date completed: 1-17-05

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>Merrit Energy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 52287</u> <u>Lafayette, LA 70505</u>	Method of Lat/Long (circle one): Conventional Survey: _____
City _____ State _____ Zip Code _____	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 2 Twn 9N Rng 6W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>8 Miles NE of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>1-18-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-18-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>51</u> Feet Below Land Surface	Well yielded <u>110</u> GPM with a drawdown of
Test Pumping Rate: <u>110</u> Gallons Per Minute	<u>51</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

John W. Thompson 0-0679
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
Signature of Pump Installer