

# State Well Report

Part 1

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 #: G-80  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: CATTOL  
Permit #: \_\_\_\_\_  
Driller: C b S Drilling  
Date drilling completed: 7-26-05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Richard Skinner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 BOZEMAN PAINE CT</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Madison MS 39100</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>24</u> Twn <u>18N</u> Rng <u>1E</u>
Telephone No. <u>(601) 953-8924</u>	Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Sidor</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 7-22-05 Date well drilling completed: 7-26-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) Well Seal  
Static Water Level: 5 feet above or below (circle one) land surface Date measured: 7-26-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 406 Well depth: 400 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 380 feet Casing diameter: 4 inches Type of casing: PUC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PUC  
Screen slot size: .010 inches Setting depth: From 380 feet to 400 feet  
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page  
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

C b D Drilling Co. Or-554 Calvin Sullivan  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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SEP 27 2005  
BY: OLWR

# 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)

G80 G80  
 For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: CARROLL  
 Permit #: \_\_\_\_\_  
 Driller: CBS Drilling  
 Date completed: 7-22-05

**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>RICHARD SKINNER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>65 BOZEMAN PAINE CT.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MADISON MS. 39100</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 953-8924</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>7-26-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-26-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>0</u> <sup>Above</sup> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>29</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>5</u> feet
Drawdown [(B) - (A)]: <u>34</u> Feet Below Land Surface	Well yielded <u>21</u> GPM with a drawdown of
Test Pumping Rate: <u>21</u> Gallons Per Minute	<u>29</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

CBS Drilling 0-554      Calvin Sullivan  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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