

# 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)

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: McDonald & Heil  
Date drilling completed: 6-20-05

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: H-52  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>FAMILY ROBINSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1088 I CR 144</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Quitman MS - 39355</u>	<u>1/4 1/4 Sec 23 Twn 3N Rng 16 E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>NE</u> of Nearest Town: <u>Quitman</u>
Telephone No.: <u>601-776-6423</u>	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 6-17-05 Date well drilling completed: 6-20-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 6-20-05

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 140 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 60 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Note: Weak well but water is real good.

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.

McDonald & Heil, Inc. #0-8 Jon Heil

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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# 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)

County: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Heel Dr  
 Date completed: 6-20-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-52  
 Elevation: \_\_\_\_\_

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>Family Robinson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1088 F CR 144</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Gritman MS. 39353</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>3N</u> Rng <u>16E</u>
Telephone No. <u>601 776-6423</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>NE</u> of <u>Gritman</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>6-20-05</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>13</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-20-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>75</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>10+</u> Gallons Per Minute	<u>75</u> feet after <u>2</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.

McDonald & Heel Dr Print Name of Pump Installer and License No. (if applicable)      Bur Heel Signature of Pump Installer

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 JUL 21 2005  
 BY: OLWR