

# 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 #: M-84  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: CLARKE  
Permit #: \_\_\_\_\_  
Driller: McDonald & Heie, Inc  
Date drilling completed: 11-23-05

**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>NORM HANKY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>107 - Ferrell Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Quitman, MS</u> State: <u>MS</u> Zip Code: <u>39355</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) <u>662-776-5438</u>	1/4 Sec <u>11</u> Twn <u>2N</u> Rng <u>15</u>
	Distance <u>5</u> Miles Direction _____ of Nearest Town <u>Quitman</u>
Purpose of Well (circle one) Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Heat pump water source</u>	
Date well drilling started: <u>11-18-05</u> Date well drilling completed: <u>11-23-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: <u>Spring</u>	
Hole depth: <u>230</u> Well depth: _____ Well grouted to a depth of <u>30</u> feet	
Type of grout (circle one): Cement _____ <u>Bentonite</u> Mix _____	
Casing length: <u>0</u> feet Casing diameter: <u>0</u> inches Type of casing: <u>0</u>	
Screen length: <u>0</u> feet Screen diameter: <u>0</u> inches Type of screen: <u>0</u>	
Screen slot size: <u>0</u> inches Setting depth: From _____ feet to _____ 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. <b>If telescoped or more than one screen, describe on back of page</b>	
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.	
Print Name of Water Well Contractor and License No. <u>McDonald &amp; Heie, Inc # 0-8</u>	Signature of Water Well Contractor <u>Harold Heie</u>

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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: Mr. Donald Hill  
 Date completed: 11-23-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-84  
 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>Norm Hoke</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>Groton, MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	Distance _____ Miles of _____ Direction _____ Nearest Town _____

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
 Signature of Pump Installer: Harold Hill