

# 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 #: J 151  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clay  
Permit #: \_\_\_\_\_  
Driller: \_\_\_\_\_  
Date drilling completed: 5/30/06

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>Jammy McAnnis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 384</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>8E</u>
<u>Phalen, MS 39150</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 6 Twn 17S Rng 18E</u>
Telephone No. <u>662 769-4682</u>	Distance <u>6 1/2</u> Miles <u>East</u> Direction of <u>W. Point</u> Nearest Town

**Well Data**

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

Date well drilling started: 5/29/06 Date well drilling completed: 5/30/06

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 5/30/06

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

Hole depth: 128 Well depth: 128 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 013 inches Setting depth: From 88 feet to 128 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: 5 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.

Donald B. Clardy 0-496  
Print Name of Water Well Contractor and License No.

Donald B. Clardy  
Signature of Water Well Contractor

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JUN 06 2006  
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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-151  
 Elevation: \_\_\_\_\_

County: Itawamba  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 5/30/06

**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>Tommy McHinnis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 384</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Phalen, MS 39750</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 6 Twn 17S Rng 18E</u>
Telephone No. <u>(662) 769-4682</u>	Distance Direction Nearest Town
	<u>6 1/2 Miles East of W. Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	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>3/4</u>
Date Pump Installed: <u>5/30/06</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/30/06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>16'</u> 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Donald B. Clardy 0-496  
 Print Name of Pump Installer and License No. (if applicable)

Donald B. Clardy  
 Signature of Pump Installer

RECEIVED  
 JUN 06 2006  
 BY: OLWR