State Well Report

Part I

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 #: 17-108
L. S. Elevation:
B-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 Location Well Owner Information Owner Name Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS ared. Hand-held GPS, Survey-grade GPS State Direction Telephone No 20 Well Data Public Supply Irrigation Purpose of Well (circle one) Home Fish Culture Industrial Other: Date well drilling started: 5-16-06 Date well drilling completed: If flowing, method of flow regulation: Valve Other (describe) feet shove or bejoy (circle one) land surface Date measured: Steel tape Method of Measurement (circle one) ciccuic upe vir line other: Hole depth: 00 C C ( Well depth: Well grouted to a depth of Type of grout (circle one): Hentonite Miz Casing length: Casing diameter. inches Type of casing: Screen length: Screen diameter: inches 60 Screen slot size: 0 03 2 Setting depth: From inches Open hole Natural Development Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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 Soule 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. ひとみひ Well Contractor Signature of Water Print Name of Water Well Contractor and License No.

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0-+-	State Well Report		For Office Use Only:
County: lasato Co.		art 1 t of Environmental Quality	•
Permit #: 6W 4/07/		nd Water Resources	Aquifer:
Driller: O alla Dulla	P.O. B	Sox 10631	Well #: A - 108
Date drilling completed: 5-16-06		IS 39289-0631	L. S. Elevation:
Date drilling completed:		961-5210 4-6938 (fax)	E-log #:
State Law requires that this repo		driller in detail and filed w	ith_the Department within
30 days of completion of drilling of Well Owner Informat		Well	Location
C . O C			Longitude 390. 14.51)
		Latitude: 5   65   7070	Longitude:
Mailing Address: 6750 Pap	a Rus	Method of Lat/Long (circle or	ne): Conventional Survey,
Suite 71	0	USGS quad, Hand-held	GPS, Survey-grade GPS
mempho TN 38138 SE4 SE4 Sec 27 27 15 Rng 104			22 15 B- 10W
- City State			I WIL 1 C Kilg 10 1
Telephone No. 90 754-335)  Distance Direction Nearest Town  Miles W of W PLLS			Nearest Town
Telephone No. (1 01) 10 1 - 0 3 0 7			
	Well I	Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:			Other:
Date well drilling started: 5-16-06 Date well drilling completed: 3-16-06			
If flowing, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above or below (circle one) land surface Date measured:5 - / 6 - 0 6			
Method of Measurement (circle one) Steel tape electric tape air line other:			
Hole depth: 100 Well depth: 100 Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC			PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PvC			PUC
Screen slot size: 1739 inches	Catting double From	60 foot to	122 5

Underreamed Telescoped Open hole

\_feet. If telescoped or more than one screen, describe on back of page

Signature of Water Well Contractor

Type of completion (circle all applicable): Gravel packed

Print Name of Water Well Contractor and License No.

Top of lap pipe or reduction in casing:

Name of organization running log(s):

Other (describe):

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.

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron

JUN 0 2 2006

Natural Development

BY: OLW

Ground Level 600 4	11071
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Description of Formations Encountered	From	To
Transoil:	10	52
Sand H Granel	57	[o]
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		<del>                                     </del>

If more than one screen, show location of each on sketch

4) indicate direction.	3) any roads, power lines, or	other items that may a	ent structures on the property and in locating the property and	ty that may and the well;
· WELL				
				WAC
Au	-			
J N		o Ld	الفا	*
	worfol	.K		
andowner Name: <u>CAPS</u>				

Signature of Water Well Contractor

## STATE WELL REPORT

## Part 2

County: **Pump Installer's Completion Report** Mississippi Department of Environmental Quality Office of Land and Water Resources Permit #: P.O. Box 10631 Jackson, MS 39289-0631 Date completed: (601)961-5210 (601)354-6938 (fax)

For Office Use Only:
Aquifer:
Well#: 4-108
Elevation:

Well Owner Information Owner Name:	This report should be prepared by the pump installer in deta installation of pump.	ail and filed with the Department within 30 days of the
Owner Name:		Wall I agotion
Mailing Address:    Method of Lat/Long (circle one): Conventional Survey,   USGS quad, Hand-held GPS, Survey-grade GPS	Owner Name: CAPS	
USGS quad, Hand-held GPS, Survey-grade GPS    W   Sec		LautudeLongitude:
Telephone No. ()  Pump Type Circle one  Air Lift  Jet  Submersible  Bucket  Piston  Tractor PTO  Centrifugal  Rotary  Flowing Well  Other (specify):  Date Pump Installed:  Pump Test Data  Pump Test Data  Date Well Tested:  Static Water Level (A):  Peet Below Land Surface  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) – (A)]:  Feet Below Land Surface  Test Pumping Rate:  Gallons Per Minute  Gallons Per Minute  Jet  Submersible  Diesel Engine  Diesel Engine  Diesel Engine  Diesel Engine  Gasoline Engine  Natural Gas  Bectric Motor  Hand  Tractor PTO  Windmill  Other (specify):  Setting Depth:  Circle one  Number of Stages:  Number of Stages:  Other (specify):  Other (specify):  Pumping Water Level (A):  Feet Below Land Surface  Profflowing well, measured shut in head:  For flowing well, measured shut in head:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet Below Land Surface  Test Pumping Rate:  Gallons Per Minute  Other (specify):  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  bours  JHEREBY CERTIFY that the above statements are true to the best of my knowledge.	Mailing Address: 6 7 3 0 Pa Pla Ulle 1	Method of Lat/Long (circle one): Conventional Survey,
Telephone No. (	_ Sento 710	IISGS and Handhald CDS Server at CDS
Telephone No. (	10-10 T. 58130	
Distance Direction Nearest Town  Miles	City State Zin Code	1414 SecTwnRng
Pump Type Circle one  Air Lift  Jet  Submersible  Bucket  Piston  Tutbine  Centrifugal  Rotary  Flowing Well  Other (specify):  Date Pump Installed:  Pump Test Data  Pump Test Data  Pump Test Below Land Surface  Pumping Water Level (A):  Feet Below Land Surface  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) – (A)]:  Feet Below Land Surface  For flowing well, measured shut in head:  Gallons Per Minute  Milles  Ober Type Circle one  Circle one  Natural Gas  Blectric Motor  Hand  Tractor PTO  Windmill  Other (specify):  Setting Depth:  Circle one  Air Line  Air Line  Electric Measuring Water Level Circle one  Air Line  Other (specify):  Other (specify):  Feet Below Land Surface  Other (specify):  Feet Below Land Surface  Other (specify):  Other (specify):  Feet Below Land Surface  Other (specify):  Feet Below Land Surface  Other (specify):  For flowing well, measured shut in head:  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  hours  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	State Zap Code	Distance Direction Nearest Town
Pump Type Circle one  Air Lift  Jet Submersible  Diesel Engine Electric Motor Hand Tractor PTO  Centrifugal Rotary Flowing Well Other (specify):  Date Pump Installed:  Diesel Engine Electric Motor Hand Tractor PTO  Windmill Other (specify):  Horse Power Rating of Motor:  Setting Depth:  Setting Depth:  Circle one  Number of Stages:  Pump Test Data  Pump Test Data  Method of Measuring Water Level Circle one  Air Lifne Electric Measuring Line Steel-Tape  Other (specify):  Under (specify):  Feet Below Land Surface  Pumping Water Level (A):  Feet Below Land Surface  Drawdown [(B) – (A)]:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet After  Brower Type  Circle one  Natural Gas  Natural Gas  Natural Gas  Feet Measuring Line  Steel-Tape  Other (specify):  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  hours  Feet after  hours of pumping	Telephone No. (	
Circle one  Air Lift  Jet Submersible  Diesel Engine  Gasoline Engine  Natural Gas  Bucket  Piston  Turbine  Centrifugal  Rotary  Flowing Well  Windmill  Other (specify):  Date Pump Installed:  Date Pump Capacity:  Date Pump Capacity:  Pump Test Data  Pump Test Data  Pump Test Below Land Surface  Pumping Water Level (A):  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) - (A)]:  Feet Below Land Surface  Feet Below Land Surface  Drawdown [(B) - (A)]:  Feet Below Land Surface  Gallons Per Minute  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  hours  J HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Telephone No. ()	Miles of
Circle one  Air Lift  Jet Submersible  Diesel Engine  Gasoline Engine  Natural Gas  Bucket  Piston  Turbine  Centrifugal  Rotary  Flowing Well  Windmill  Other (specify):  Date Pump Installed:  Date Pump Capacity:  Date Pump Capacity:  Pump Test Data  Pump Test Data  Pump Test Below Land Surface  Pumping Water Level (A):  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) - (A)]:  Feet Below Land Surface  Feet Below Land Surface  Drawdown [(B) - (A)]:  Feet Below Land Surface  Gallons Per Minute  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  hours  J HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Air Lift  Jet  Submersible  Diesel Engine  Gasoline Engine  Natural Gas  Bucket  Piston  Turbine  Electric Motor  Hand  Tractor PTO  Windmill  Other (specify):  Horse Power Rating of Motor:  Setting Depth:  Setting Depth:  Pump Test Data  Pump Test Data  Date Well Tested:  Static Water Level (A):  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) – (A)]:  Feet Below Land Surface  Test Pumping Rate:  Gallons Per Minute  Gallons Per Minute  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  hours  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Bucket Piston Tutbine Electric Motor Hand Tractor PTO  Centrifugal Rotary Flowing Well Windmill Other (specify):		Circle one
Centrifugal Rotary Flowing Well  Other (specify):	Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Other (specify): Horse Power Rating of Motor: Setting Depth:	Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Date Pump Installed: Setting Depth:	Centrifugal Rotary Flowing Well	Windmill Other (specify):
Date Pump Installed: Setting Depth:	Other (specify):	Horse Power Rating of Motor: 100
Pump Test Data  Pump Test Data  Method of Measuring Water Level Circle one  Air Line Electric Measuring Line Steel: Tape Other (specify):  Drawdown [(B) – (A)]: Feet Below Land Surface  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.		1
Pump Test Data    Date Well Tested:	Date Pump Installed: 0 0 0 0 0	Setting Depth:feet
Date Well Tested:	Rated Pump Capacity: Gallons Per Minute	Number of Stages:
Date Well Tested:  Static Water Level (A):  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) - (A)]:  Feet Below Land Surface  For flowing well, measured shut in head:  Feet Pumping Rate:  Gallons Per Minute  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	3	
Date Well Tested:  Static Water Level (A):  Pumping Water Level (B):  Feet Below Land Surface  Drawdown [(B) – (A)]:  Feet Below Land Surface  For flowing well, measured shut in head:  For flowing well, measured shut in head:  Well yielded  GPM with a drawdown of  Duration of Pump Test (minimum 4 hours):  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Pump Test Data	Method of Measuring Water Level
Static Water Level (A):Feet Below Land Surface  Pumping Water Level (B):Feet Below Land Surface  Drawdown [(B) - (A)]:Feet Below Land Surface  Test Pumping Rate:Gallons Per Minute  Well yieldedGPM with a drawdown of  Duration of Pump Test (minimum 4 hours):hours  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Date Well Tested:	Circle one
Pumping Water Level (B): Feet Below Land Surface  Drawdown [(B) - (A)]: Feet Below Land Surface  Test Pumping Rate: Gallons Per Minute  Well yielded GPM with a drawdown of  Duration of Pump Test (minimum 4 hours): hours  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Static Water Level (A):	Air Line Electric Measuring Line Steel-Tape
Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Test Pumping Rate:Gallons Per Minute Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	State Water Level (A):Peet Below Land Surface	Other (Specify):
Test Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Pumping Water Level (B):Feet Below Land Surface	(4,000)
Duration of Pump Test (minimum 4 hours):hourshours of pumping  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Duration of Pump Test (minimum 4 hours):hourshours of pumping  I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
0,000		
1/2 (m) VV I I I I I I I I I I I I I I I I I I	I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
WELL I CC	Tran ASTE	Mary
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer	Print Name of Pump Installer and License No. (if applicable)	Signature of Punny Installer

**RECEIVED** 

JUN 0 2 2006

BY: OLWR