

# 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 #: C-31  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 8-15-05

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>ROBERT TINGHAM</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7977 ASHLEY DR.</u> <u>OLIVE BRANCH</u> <u>MS. 38654</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>D-26</u> Twn <u>T15</u> Rng <u>R7W</u>
Telephone No. <u>662 895-3128</u>	Distance: _____ Miles Direction: <u>NW</u> of Nearest Town: <u>OLIVE BRANCH</u>

**Well Data**

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

Date well drilling started: 8-15-05 Date well drilling completed: 8-15-05

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

Static Water Level: 180 feet above or below (circle one) land surface Date measured: 8-15-05

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

Hole depth: 300 Well depth: 300 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/4" x 0.05 inches Setting depth: From 280 feet to 300 feet

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

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.

BOB SMITH 0-645  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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SEP 09 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: C-31

Elevation: \_\_\_\_\_

County: DESOUD

Permit #: \_\_\_\_\_

Driller: BOB SMITH

Date completed: 8-15-05

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>ROBERT INGRAM</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7977 ASHLEY DR</u> <u>OLIVE BRANCH</u> <u>MS. 38654</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec. <u>D-26</u> Twn. <u>T1S</u> Rng. <u>R1W</u>
Telephone No. <u>(662) 895-3128</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>NW</u> of <u>OLIVE BRANCH</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>1</u>
Date Pump Installed: <u>8-15-05</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-15-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>180</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>178</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>8</u> 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.

Bob Smith 0-645  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

RECEIVED  
 SEP 09 2005  
 BY: OLWR

