

# State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39225

For Office Use Only
Aquifer: _____
Well #: <u>E143</u>
L.S. Elevation: _____
E-Long #: _____

County: <u>DESOTO</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>6-27-13</u>

State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>ABRAM BOSTONER</u>	Latitude: <u>34° 52' 21"</u> Longitude: <u>90° 07' 26"</u>
Mailing Address: <u>785 CONFEDERATE RIDGE</u> <u>LAKE COMMERCE, MS. 38641</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 1-35 Twn 25 Rng 29W</u>
Telephone No. <u>(661) 870-0924</u>	Distance: <u>3 Miles</u> Direction: <u>N/E</u> of Nearest Town: <u>EUDORA</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>6-27-13</u> Date well drilling completed: <u>6-27-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-27-13</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>85</u> Well depth: <u>85</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) Cement <u>Bentonite</u> Mix	
Casing length: <u>65</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/2 THOUS.</u> inches Setting depth: From <u>65</u> feet to <u>85</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction incasing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of oorganization running log(s): _____	
I certify that the well 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.	
<u>BOB SMITH 0645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

RECEIVED  
JUL 18 2013  
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 2309  
Jackson, MS 39225

For Office Use Only  
Aquifer: \_\_\_\_\_  
Well #: E143  
Elevation: \_\_\_\_\_

County: DESOUD  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 6-27-13

RECEIVED

JUN 29 2013

BY: OLWR

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>ABLAM CONSTRUCTION</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>785 CONFEDERATE</u> <u>RIDGE</u> <u>LAKE COMMUNITY MS 38641</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 435 Twn 25 Rng 29W</u>
Telephone No. <u>(901) 870-0924</u>	Distance <u>3</u> miles Direction <u>N-E</u> Nearest Town <u>EDONA</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>6-27-13</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>6-27-13</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>30</u> feet below Land Surface	Other(specify): <u>LINE &amp; WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>12</u> gallons per Minute	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test(minimum 4 hours): _____ hrs	

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.

[Signature]  
Signature of Pump Installer

REC'D

BY

