

# 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-139  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DeSoto Co  
Permit #: \_\_\_\_\_  
Driller: Delta Drilling Service  
Date drilling completed: 7-19-07

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>Dennis McNamee</u>	Latitude: <u>34° 51' 45" N</u> Longitude: <u>90° 11' 35" W</u>
Mailing Address: <u>5660 Goodman Rd</u>	Method of Lat/Long (circle one): Conventional Survey
City: <u>Well</u> State: <u>MS</u> Zip Code: <u>38680</u>	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No.: <u>(901) 489 8392</u>	<u>SW 1/4 NE 1/4 Sec 6</u> Twn <u>35</u> Rng <u>9W</u>
	Distance: _____ Direction: <u>NE</u> Nearest Town: <u>Robersonville</u>

**Well Data**

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

Date well drilling started: 7-19-07 Date well drilling completed: 7-19-07

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 7-20-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underdrained Telescoped Open hole Natural Development

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 Sonic Neutron Other: VISUAL

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.

ALAN PYLE 0674 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
AUG 08 2007  
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)

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: Delta Drilling Service  
 Date completed: 7-20-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-139  
 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>Deon's Inc</u>	Latitude: <u>34-51425</u> Longitude: <u>090-11921</u>
Mailing Address: <u>5660 Goodman Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Walls MS 38690</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 6 Twn 35 Rng 9W</u>
Telephone No. <u>(901) 489 8392</u>	Distance Direction Nearest Town
	<u>6 Miles NE of Robinsonville</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input type="radio"/> Submersible	<input checked="" type="radio"/> Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <input checked="" type="radio"/> Turbine	Electric Motor      Head      Tractor PTO
Centrifugal      Rotary <input type="radio"/> Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>7-20-07</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ Foot Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Foot 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.

ALAN DYLE      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 AUG 08 2007  
 BY: OLWR