

# 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 #: K-190  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

33

County: DESOTO  
Permit #: \_\_\_\_\_  
Driller: Rob Smith  
Date drilling completed: 11-16-04

Small Well Drilling + Serv  
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>John Pickle</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>PO Box 38632</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
City: <u>Hennepin, MS</u> State: <u>MS</u> Zip Code: <u>38632</u>	1/4 Sec: <u>N-18</u> 1/4 Town: <u>T-35</u> Rng: <u>R-8W</u>		
Telephone No: <u>662-429-6526</u>	Distance: <u>3</u> Miles	Direction: <u>E</u>	Nearest Town: <u>EUDORA</u>

**Well Data**

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

Date well drilling started: 11-16-04 Date well drilling completed: 11-16-04

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

Static Water Level: 50 feet above or  below (circle one) land surface Date measured: 11-16-04

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 140 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 HOUS inches Setting depth: From 120 feet to 140 feet

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

Other (describe): Washed Sand

Top of tap 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.

Roberte Smith 0-645  
Print Name of Water Well Contractor and License No

[Signature]  
Signature of Water Well Contractor



# 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 #: K-190 33

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

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smart  
 Date completed: 11-16-04

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>John Pickett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey.
<u>Terrebonne MS 38632</u>	<input type="radio"/> USGS quad. <input type="radio"/> Hand-held GPS. <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>N18</u> Twn <u>T35</u> Rng <u>R8W</u>
Telephone No: <u>(662) 429-6526</u>	Distance: <u>3</u> Miles Direction: <u>E</u> of <u>EUDDALA</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift: <input type="checkbox"/>	Diesel Engine: <input type="checkbox"/>
Bucket: <input type="checkbox"/>	Gasoline Engine: <input type="checkbox"/>
Centrifugal: <input type="checkbox"/>	Natural Gas: <input type="checkbox"/>
Jet: <input checked="" type="radio"/> <u>Submersible</u>	Hand: <input type="checkbox"/>
Piston: <input type="checkbox"/>	Turbine: <input type="checkbox"/>
Rotary: <input type="checkbox"/>	Flowing Well: <input type="checkbox"/>
Other (specify): _____	Tractor PTO: <input type="checkbox"/>
Date Pump Installed: <u>11-16-04</u>	Windmill: <input type="checkbox"/>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Other (specify): _____
	Horse Power Rating of Motor: <u>3/4</u>
	Setting Depth: <u>60</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>11-16-04</u>	Circle one
Static Water Level (A): <u>45</u> Feet Below Land Surface	Air Line: <input type="checkbox"/>
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	<input checked="" type="radio"/> <u>Electric Measuring Line</u>
Drawdown: (B) - (A): <u>5</u> Feet Below Land Surface	Steel Tape: <input type="checkbox"/>
Test Pumping Rate: <u>16</u> Gallons Per Minute	Other (specify): _____
Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet
	Well yielded <u>16</u> GPM with a drawdown of <u>5</u> feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): Robert Smart 0-645      Signature of Pump Installer: [Signature]