

**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)961-5280  
(601)354-6938 (fax)

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: K-192  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DESOUD 033  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 2-17-05

*Smith Well Drilling and Service*  
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.

<p><b>Well Owner Information</b></p> <p>Owner Name: <u>David W. Womack</u> Mailing Address: <u>PO Box 10</u> <u>Herndon, MS 38632</u> City: _____ State: _____ Zip Code: _____ Telephone No: <u>901 487-8710</u></p>		<p><b>Well Location</b></p> <p>Latitude: _____ Longitude: _____ 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 W. _____ N. _____ Sec. <u>N-6</u> Twp. <u>T-3S</u> Rng. <u>R-8W</u> Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>EUROPA</u></p>	
<p><b>Well Data</b></p> <p>Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____ Date well drilling started: <u>2-17-05</u> Date well drilling completed: <u>2-17-05</u> Flowing, method of flow regulation: <input type="radio"/> Valve <input type="radio"/> Other (describe) _____ Static Water Level: <u>70</u> feet above or below (circle one) land surface Date measured: <u>2-17-05</u> Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____ Mole depth: <u>107</u> Well depth: <u>107</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix Casing length: <u>97</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>1/4 TPOES</u> inches Setting depth: From <u>97</u> feet to <u>107</u> feet Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development Other (describe): <u>WASHTED SPO</u> 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): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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. Print Name of Water Well Contractor and License No: <u>BOB SMITH 0-645</u> Signature of Water Well Contractor: <u>[Signature]</u></p>			

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# 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-197

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

County: DESOTO

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

Driller: BOB SMITH

Date completed: 2-17-05

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**

Owner Name: DAVID WOMACK

Mailing Address: FOGG RD  
HERNANDO, MS 38632  
City State Zip Code

Telephone No: 901 487-8710

**Well Location**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

1/4 Sec 11-6 Twn T-35 Rng R-8W

Distance: 4 Miles Direction: NE of Nearest Town: EVADNA

**Pump Type**  
Circle one

Air Lift: \_\_\_\_\_ Jet: Submersible

Bucket: \_\_\_\_\_ Piston: \_\_\_\_\_ Turbine: \_\_\_\_\_

Centrifugal: \_\_\_\_\_ Rotary: \_\_\_\_\_ Flowing Well: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Date Pump Installed: 2-17-05

Rated Pump Capacity: 12 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine: \_\_\_\_\_ Gasoline Engine: \_\_\_\_\_ Natural Gas: \_\_\_\_\_

Electric Motor: \_\_\_\_\_ Hand: \_\_\_\_\_ Tractor PTO: \_\_\_\_\_

Windmill: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 3/4

Setting Depth: 80 feet

Number of Stages: 11

**Pump Test Data**

Date Well Tested: 2-17-05

Static Water Level (A): 70 Feet Below Land Surface

Pumping Water Level (B): 78 Feet Below Land Surface

Drawdown: [(B) - (A)]: 8 Feet Below Land Surface

Test Pumping Rate: 14 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
Circle one

Air Line: \_\_\_\_\_ Electric Measuring Line: \_\_\_\_\_ Steel Tape: \_\_\_\_\_

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded 14 GPM with a drawdown of 8 feet after \_\_\_\_\_ hours of pumping

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 of Pump Installer

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