

# 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 #: L-124

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: DESOUD  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 9-22-08

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>CRUE CAISLER</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>1760 OAKCREST</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>HERNANDO, MS 38632</u>	____ 1/4 ____ 1/4 Sec <u>0-8</u> Twn <u>T35</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-568-2499</u>	<u>2</u> Miles <u>E</u> of <u>HERNANDO</u>

**Well Data**

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

Date well drilling started: 9-22-08 Date well drilling completed: 9-22-08

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

Static Water Level: 127 feet above or below (circle one) land surface Date measured: 9-23-08

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole Depth: 215 Well depth: 215 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS inches Setting depth: From 195 feet to 215 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 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 organization 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.

BOB SMITH 0645 [Signature]  
Print name of Water Contractor and License No. Signature of Water Well Contractor

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OCT 16 2008

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 #: L-124  
Elevation: \_\_\_\_\_

County: DE SOTO  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 9-23-08

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>CRILE CRISLEN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1760 OAK CREST</u>	Method of Lat/Long (circle one): Conventional Survey
<u>HEMNADO MS 38632</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 08 Twn 135 Rng 12 W</u>
Telephone No. <u>901 568-2499</u>	Distance Direction Nearest Town
	<u>2 miles E of HEMNADO</u>

Pump Type	Power Type
Circle one	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 1/2</u>
Date Pump Installed: <u>9-23-08</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>12</u> gallons per min	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level
	circle one
Date Well Tested: <u>9-23-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>127</u> feet below Land Surface	Other(specify): <u>LINE + 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>14</u> gallons per Minute	Well yielded <u>14</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 0645 \_\_\_\_\_  
Print Name of Pump Installer and License No. Signature of Pump Installer

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