

# State Well Report

Part I

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10691  
Jackson, MS 39289-0691  
(601)961-5280  
(601)354-6938 (fax)

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: M-148  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DESOUD  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 1-26-05

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>STEVE JONES</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>LOT 5</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey		
<u>FOX KELLOW SUB</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>HEMLOCK MS 38832</u>	1/4 _____ Sec <u>P26</u> Twn <u>T-35</u> Rng <u>R-6W</u>		
City: _____ State: _____ Zip Code: _____	Distance _____ Miles	Direction _____ of	Nearest Town: <u>COCKERM</u>
Telephone No: <u>(901) 489-8710</u>			

Well Data			
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>1-26-05</u> Date well drilling completed: <u>1-26-05</u>		
Flowing: <input type="checkbox"/> Flowing, method of flow regulation: <u>Valve</u> Other (describe): _____	Static Water Level: <u>120</u> feet above or below (circle one) land surface Date measured: <u>1-26-05</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: _____	Well depth: <u>180</u> feet Well depth: <u>180</u> feet 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"/> Misc	Casing length: <u>170</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" HOLES</u> inches	Setting depth: From <u>170</u> feet to <u>180</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>WASHED SAND</u>		
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): <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 this 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: BOB SMITH 0-645  
Signature of Water Well Contractor: [Signature]

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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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: M-148

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

County: DESOTO

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

Driller: BOB SMITH

Date completed: 1-26-05

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	Well Location
Owner Name: <u>STEVE JONES</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT 5</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Box Hillway Sub</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>HERNANDO MS 38632</u>	<u>1/4</u> Sec <u>26</u> Twn <u>T-35</u> Rng <u>R-6W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Direction _____ Nearest Town _____
Telephone No: <u>901 487-8710</u>	<u>1</u> Miles <u>S</u> of <u>COCKLUM</u>

Pump Type Circle one	Power Type 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"/>
Other (specify) _____	Tractor PTO <input type="checkbox"/>
Date Pump Installed: <u>1-26-05</u>	Hand <input type="checkbox"/>
Rated Pump Capacity: <u>12</u> (Gallons Per Minute)	Other (specify): _____
	Windmill <input type="checkbox"/>
	Horse Power Rating of Motor: <u>3/4</u>
	Setting Depth: <u>140</u> feet
	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-26-05</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>130</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>123</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown ((B) - (A)): <u>3</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>14</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	Well yielded <u>14</u> GPM with a drawdown of
	<u>3</u> 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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FEB 10 2005

BY: OLWF