

# 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 #: M-204  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: DESOUD  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 9/19/06

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>ERIC HUDSON</u>      | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>LOT 8</u>       | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,                                  |
| <u>FOX CREEK</u>                    | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>HEMLOCK, MS 38637</u>            | <u>1/4</u> <u>1/4</u> Sec. <u>P-26</u> Twn <u>T35</u> Rng <u>R6W</u>   |
| City State Zip Code                 | Distance Direction Nearest Town  |
| Telephone No. <u>(901) 210-9396</u> | <u>1</u> Miles <u>5</u> of <u>COCKRUM</u>  |

**Well Data**

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

Date well drilling started: 9/19/06 Date well drilling completed: 9/19/06

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

Static Water Level: 56 feet above or  below (circle one) land surface Date measured: 9/19/06

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

Hole depth: 95 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1.571(1/16) inches Setting depth: From 85 feet to 95 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 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.

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

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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)

County: DESOUD  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 9/19/06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-204  
 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>ERIC HUDSON</u>      | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>Lot 8</u>       | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,  |
| <u>fox Glen</u>                     | <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Hennepin, MS 38630</u>           | <u>1/4 1/4 Sec 26 Twp 35 Rng 16W</u>  |
| City State Zip Code                 | Distance Direction Nearest Town   |
| Telephone No. <u>(601) 210-9396</u> | <u>1</u> Miles <u>S</u> of <u>COCKAW</u>  |

| Pump Type<br>Circle one                                  | Power Type<br>Circle one                  |
|--|---|
| Air Lift Jet <input type="checkbox"/> <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>3/4</u>   |
| Date Pump Installed: <u>9/19/06</u>                      | Setting Depth: <u>80'</u> feet            |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute        | Number of Stages: <u>10</u>               |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>9/19/06</u>                           | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>56</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>72</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface    | Well yielded <u>12</u> GPM with a drawdown of  |
| Test Pumping Rate: <u>12</u> Gallons Per Minute            | <u>16</u> feet after _____ hours of pumping  |
| Duration of Pump Test (minimum 4 hours): _____ hours       |  |

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

BOB SMITH 0695  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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 OCT 19 2006  
 BY: OLWR