

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 #: B-13
L. S. Elevation:
E-log #:

County: Greene
Permit #:
Driller: John W Thompson
Date drilling completed: 2-1-06

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: Owner Name Carl Henderson, Mailing Address Pieve, MS, Telephone No.
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, Distance, Direction, Nearest Town

Well Data: Purpose of Well (Home), Date well drilling started 2-1-06, Date well drilling completed 2-1-06, Static Water Level 21 feet above of below land surface, Method of Measurement electric tape, Hole depth 95, Well depth 90, Well grouted to a depth of 10 feet, Type of casing PVC, Type of screen PVC Slotted, Type of completion Natural Development

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.

John W Thompson 0-679
Print Name of Water Well Contractor and License No.
Signature of Water Well Contractor

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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: Greene  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 2-1-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-13  
 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>Carl Henderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Prave MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>5N</u> Rng <u>7W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>SE</u> of <u>Prave</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>2-8-06</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1 hp</u> Setting Depth: <u>60</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-1-06</u>	<input checked="" type="checkbox"/> <u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>39</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>18</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

John W Thompson 0-679      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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