

# 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 #: C-15  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: I t a w m b a  
Permit #: \_\_\_\_\_  
Driller: Tom Rossi 0-509  
Date drilling completed: 05/05/06

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>Buddy A. Lamm Brown</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1065-Smith Rd NE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Falden</u> <u>MS</u> <u>38847</u>	<u>N 1/4 E 1/4 Sec 26</u> <u>Twn 7-S</u> <u>Rng 10E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 676-9120</u>	_____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 05-04-06 Date well drilling completed: 05-04

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

Static Water Level: 92 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 134 Well depth: 128 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 108 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .013 inches Setting depth: From 108 feet to 128 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

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.

Thomas Rossi 0-509 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUN 29 2006  
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 #: C-15

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

County: Itawamba

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

Driller: Tom Rossi 0-509

Date completed: 5/5/04

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>Rudolph L. Lenoir Branch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1065 Smith Rd NE</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Golden</u> <u>MS</u> <u>38847</u>	USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>N</u> $\frac{1}{4}$ <u>E</u> $\frac{1}{4}$ Sec <u>26</u> Twn <u>7S</u> Rng <u>10E</u>
Telephone No. <u>(662) 674-9120</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <input checked="" type="radio"/> Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-6</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>1.5</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-6</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>94</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>124</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>114</u> Feet Below Land Surface	Well yielded <u>1.5</u> GPM with a drawdown of
Test Pumping Rate: <u>1.5</u> Gallons Per Minute	<u>114</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.

Thomas Rossi 0-509      Thomas Rossi

Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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JUN 20 2006

BY: OLWR