

# 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)

County: ITAWAMBA  
Permit #: \_\_\_\_\_  
Driller: ROSSI DRILLING  
Date drilling completed: 6-9-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: J-20  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

**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>Carlos White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>414 Co. Rd. 1029</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tupelo</u> <u>MS</u> <u>38804</u> City                                      State                                      Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 E 1/4 Sec 15 Twn 9 S Rng 10 E</u>
Telephone No. <u>(662) 844-5484</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 6-9-06 Date well drilling completed: 6-9-06

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

Static Water Level: 170 feet above or below (circle one) land surface Date measured: 6-9-06

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

Hole depth: 231 Well depth: 231 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 221 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 013 inches Setting depth: From Bottom feet to 10 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 0-579                      Thomas Rossi  
Print Name of Water Well Contractor and License No.                      Signature of Water Well Contractor

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JUN 29 2007

BY: OLR



# 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 #: J-20

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

County: T. Tawamba

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

Driller: Rossi Drilling

Date completed: 6-9-06

**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>Charles White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>414 So. Rd 1029</u>	Method of Lat/Long (circle one) <u>Conventional Survey</u>
<u>Tupelo</u> <u>ms</u> <u>38804</u> City                  State                  Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 544-5486</u>	<u>N</u> <u>1/4</u> <u>E</u> <u>1/4</u> Sec <u>15</u> Twn <u>9S</u> Rng <u>10E</u>
	Distance          Direction          Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type 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>1HP</u>
Date Pump Installed: <u>6-9-06</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-9-06</u>	Air Line          Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>170</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Thomas Rossi 0-309  
 Print Name of Pump Installer and License No. (if applicable)

Thomas Rossi  
 Signature of Pump Installer

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JUN 29 2007

BY: OLWR