

# State Well Report

## Part I

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 #: **D-197**  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: **Jackson**  
Permit #: \_\_\_\_\_  
Driller: **Pierce**  
Date drilling completed: **5-15-05**

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: <b>Gene Roberts</b>	Latitude: _____	Longitude: _____	
Mailing Address: <b>Mulberry Lane</b>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<b>Hurley, MS</b>	<b>NE 1/4 SE 1/4 Sec. 18 Twn. 4S Rng. 5W</b>		
City: _____ State: _____ Zip Code: _____	Distance: <b>2</b> Miles	Direction: <b>N</b>	Nearest Town: <b>Hurley</b>
Telephone No. (_____) _____			

**Well Data**

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

Date well drilling started: **5-15-05** Date well drilling completed: **5-15-05**

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

Static Water Level: **50** feet above or below (circle one) land surface Date measured: **5-15-05**

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

Hole depth: **170** Well depth: **170** Well grouted to a depth of **15** feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: **160** feet Casing diameter: **2** inches Type of casing: **plastic**

Screen length: **10** feet Screen diameter: **2** inches Type of screen: **plastic**

Screen slot size: **006** inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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.

**Michael Pierce 0296**  
Print Name of Water Well Contractor and License No.

**Michael Pierce**  
Signature of Water Well Contractor

**RECEIVED**  
MAY 25 2005  
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)

County Jackson  
 Permit # \_\_\_\_\_  
 Driller Pierce  
 Date completed: 5-16-05

For Office Use Only

Aquifer \_\_\_\_\_  
 Well # D-197  
 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>Gene Roberts</u>	Latitude: _____ Longitude: _____
Mailing Address _____	Method of Lat/Long (circle one): Conventional Survey _____
<u>Same</u>	USGS quad, Hand-held GPS, Survey grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4 Sec 18 Twp 4S Rng 5W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Jet Submersible <input type="radio"/> Piston Turbine <input type="radio"/> Rotary Flowing Well Other (specify): _____	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO <input type="radio"/> Windmill Other (specify): _____
Date Pump Installed <u>5-16-05</u>	Horse Power Rating of Motor <u>1</u>
Rated Pump Capacity <u>10</u> Gallons Per Minute	Setting Depth <u>70</u> feet
	Number of Stages <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested _____	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A) <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)] <u>5</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of _____
Test Pumping Rate <u>8</u> Gallons Per Minute	<u>10</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.

Michael Pierce 0296 Michael Pierce  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 25 2005  
 BY: OLWR