

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-199**
L. S. Elevation: _____
E-log #: _____

County: **Jackson**
Permit #: _____
Driller: **Pierce**
Date drilling completed: **5-17-05**

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: Jammy Smith	Latitude: _____ Longitude: _____
Mailing Address: Hunter Run Huskey, MS City: _____ State: _____ Zip Code: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 NE 1/4 Sec 4 Twn 4S Rng 5W
Telephone No. () _____	Distance _____ Miles Direction S of Nearest Town George CO Line 6930

Well Data

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

Date well drilling started: **5-17-05** Date well drilling completed: **5-17-05**

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

Static Water Level: **30** feet above or below (circle one) land surface Date measured: **5-17-05**

Method of Measurement (circle one): steel tape electric tape **air line** other: _____

Hole depth: **70** Well depth: **70** Well grouted to a depth of **15** feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: **60** 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.

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

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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)

For Office Use Only

County: Jackson
 Permit #: _____
 Driller: Pierce
 Date completed: 5-18-05

Aquifer: _____
 Well #: D-199
 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>Tammy Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Same</u> State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey grade GPS
Telephone No. (_____) _____	<u>NW 1/4 Sec 4 Twp 4S Rng 5W</u>
	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"/> Centrifugal Rotary Flowing Well Other (specify): _____	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>5-18-05</u>	Horse Power Rating of Motor: <u>7</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>50</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-18-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Test Pumping Rate: <u>10</u> Gallons Per Minute	Well yielded <u>10</u> GPM with a drawdown of _____
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>5</u> feet after <u>4</u> hours of pumping

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

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

Michael Pierce
 Signature of Pump Installer

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MAY 25 2005
 BY: OLWR