

# 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-200**  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: **Jackson**  
Permit #: \_\_\_\_\_  
Driller: **Pierce**  
Date drilling completed: **5-19-05**

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>Melissa Bishop</b>	Latitude: _____ Longitude: _____
Mailing Address: <b>Yellow Bluff Rd.</b>	Method of Lat/Long (circle one): Conventional Survey, _____
<b>Hurley, ms</b>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<b>SW 1/4 SE 1/4 Sec 11 Twn 45 Rng 5W</b>
Telephone No ( )	Distance Direction Nearest Town
	<b>2 Miles S of George Co Line</b>

### Well Data

Purpose of Well (circle one) **Home** Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: **5-19-05** Date well drilling completed: **5-19-05**  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: **20** feet above or below (circle one) land surface Date measured: **5-19-05**  
Method of Measurement (circle one) steel tape electric tape **air line** other: \_\_\_\_\_  
Hole depth: **45** Well depth: **45** Well grouted to a depth of **15** feet  
Type of grout (circle one): Cement Bentonite **Mix**  
Casing length: **40** feet Casing diameter: **2** inches Type of casing: **plastic**  
Screen length: **5** 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** **Michael Pierce**  
Print Name of Water Well Contractor and License No. 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)

For Office Use Only

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Pierce  
 Date completed: 5-20-05

Aquifer: \_\_\_\_\_  
 Well #: D-200  
 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>Melissa Bishop</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey grade GPS
Telephone No. (_____) _____	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec. <u>11</u> Twp. <u>4S</u> Rng. <u>5W</u>
	Distance _____ Miles Direction _____ Nearest Town _____

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Bucket <input type="radio"/> Turbine <input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well Other (specify): _____	<input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill      Other (specify): _____
Date Pump Installed: <u>5-20-05</u>	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: _____ 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 <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</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>10</u> GPM with a drawdown of _____
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>5</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  
 Print Name of Pump Installer and License No. (if applicable)

Michael Pierce  
 Signature of Pump Installer

**RECEIVED**  
 MAY 25 2005  
 BY: OLWR