

# 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)

County: LAFAYETTE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 1-19-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-37  
 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>LANNIE MASSYHILL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>TECHVILLE MO</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>COMO MS. 38619</u>	<u>1/4 Sec G-6 Twn T7S Rng R4W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of Nearest Town _____
Telephone No. <u>(201) 493-6863</u>	

**Well Data**

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

Date well drilling started: 1-19-05 Date well drilling completed: 1-19-05

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

Static Water Level: 47 feet above or  below (circle one) land surface Date measured: 1-19-05

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

Hole depth: 156' Well depth: 156' Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 146 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/4" x 1/8" inches Setting depth: From 146 feet to 156 feet

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

Other (describe): WASHED SAND

Top of lap pipe or reaction 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.

BOB SMITH 0-645  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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FEB 10 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 39288-0631  
 (601)961-5230  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: A-37

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

County: MAHARETTE

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

Driller: BOB SMITH

Date completed: 1-19-05

This report should be prepared by the pump installer to detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Lenne Massingill

Mailing Address: TECHVILLE RD

Camd MS 38619

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: 901 493-6863

Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey  
 USGS quad. Hand-held GPS. Survey-grade GPS

\_\_\_\_\_ W \_\_\_\_\_ E Sec G-6 Twn T-15 Rng R-4W

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

3 Miles S of Hammonton

Pump Type  
Circle one

Air Lift \_\_\_\_\_ Jet: Submersible

Bucket \_\_\_\_\_ Piston \_\_\_\_\_ Turbine \_\_\_\_\_

Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_

Other (specify): \_\_\_\_\_

Date Pump Installed: 1-19-05

Rated Pump Capacity: 12 Gallons Per Minute

Power Type  
Circle one

Diesel Engine \_\_\_\_\_ Gasoline Engine \_\_\_\_\_ Natural Gas \_\_\_\_\_

Electric Motor \_\_\_\_\_ Hand \_\_\_\_\_ Tractor PTO \_\_\_\_\_

Windmill \_\_\_\_\_ Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 1 1/2

Setting Depth: 80 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 1-19-05

Static Water Level (A): 47 Feet Below Land Surface

Pumping Water Level (B): 52 Feet Below Land Surface

Drawdown ((B) - (A)): 5 Feet Below Land Surface

Test Pumping Rate: 38 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Method of Measuring Water Level  
Circle one

Air Line \_\_\_\_\_ Electric Measuring Line \_\_\_\_\_ Steel Tape \_\_\_\_\_

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head \_\_\_\_\_ feet

Well yielded 34 GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

Bob Smith 0645  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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If well telescopes please sketch below and show depths

Ground Level

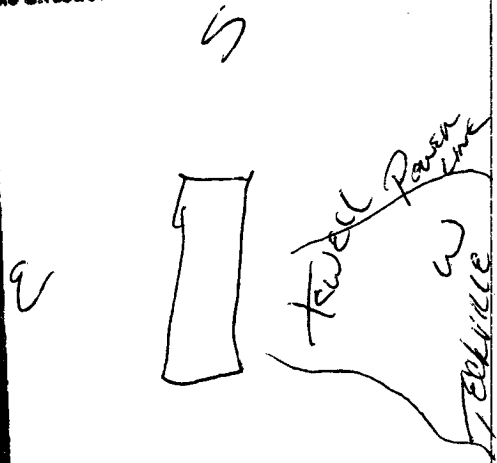
A-37

Description of Formations Encountered

	From	To
TOP SOIL	0	5
BROWN RED CLAY	5	40
WHITE CLAY	40	80
WHITE CLINCHED	80	120
WHITE SAND + CLAY	120	138
WHITE SAND	138	156

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other features that may aid in locating the property and the well; 4) indicate direction.



Landowner Name:

LORNE A. MASSINGALE

Signature of Water Well Contractor

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