

# 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)

For Office Use Only:

Acquit: \_\_\_\_\_  
Well #: E-108  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: LAFFAYETTE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 5-9-08

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>RAMIRO MUÑOZ</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>1069 HWY 6 W</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey.		
<u>OXFORD, MS. 38655</u>	<input type="checkbox"/> USGS quad. <input type="checkbox"/> Hand-held GPS. <input type="checkbox"/> Survey-grade GPS		
City State Zip Code	<input type="checkbox"/> 1/4 _____ 1/4 Sec. <u>K-35</u> Twp. <u>T8S</u> Rng. <u>R5W</u>		
Telephone No. <u>662 236-0058</u>	Distance _____	Direction _____	Nearest Town _____
	<u>7</u> Miles	<u>W</u>	of <u>OXFORD</u>

Well Data

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

Date well drilling started: 5-9-08 Date well drilling completed: 5-9-08

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 5-10-08

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole depth: 230 Well depth: 230 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS. inches Setting depth: From 200 feet to 230 feet

Type of completion (circle all applicable): Gravel packed Unscreened Telescoped Open hole Natural Development  
Other (describe): WASHED SAND

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe each part of pipe

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running logs: \_\_\_\_\_

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.

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

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JUN 16 2008  
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:

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

Well #: E-108

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

County: LAFAYETTE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 5-10-08

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>Romero Muruz</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1064 Hwy 6 W</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>OXFORD MS 38655</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>K-35</u> Twn <u>T85</u> Rng <u>R5W</u>
Telephone No. <u>(662) 236-0058</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>W</u> of <u>OXFORD</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>5-10-08</u>	Soring Depth: <u>100</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-10-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): <u>WEIGHT + LINE</u>
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>80</u> GPM with a drawdown of _____
Test Pumping Rate: <u>80</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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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