

# 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:

Aquifer: \_\_\_\_\_  
Well #: B-69  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Tim Smith  
Date drilling completed: 2-25-08

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>David Jones</u>	Latitude: <u>32° 33.245"</u> Longitude: <u>88° 46.323</u>
Mailing Address: <u>10675 Hwy 495</u>	Method of Lat/Long (circle one): Conventional Survey, <u>19</u>
<u>Meridian</u> <u>Miss</u> <u>39305</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4</u> Sec <u>9</u> Twn <u>T8N</u> Rng <u>R-15-E</u>
Telephone No. <u>(601) 437-2349</u>	Distance Direction Nearest Town
	<u>20</u> Miles <u>N</u> of <u>Meridian</u>

**Well Data**

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

Date well drilling started: 2-18-08 Date well drilling completed: 2-25-08

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 2-25-08

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

Hole depth: 315 Well depth: 315 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ 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): \_\_\_\_\_

RECEIVED  
MAR 05 2008  
BY: OLWR

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.

Tim Smith  
Print Name of Water Well Contractor and License No.

Tim Smith  
Signature of Water Well Contractor



# 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 #: B-69

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

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Tim Smith  
Date completed: 2-25-08

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>David Jones</u>	Latitude: <u>32° 33' 24.5"</u> Longitude: <u>88° 46' 32.3"</u>
Mailing Address: <u>10675 Hwy 495</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mendon</u> <u>Miss</u> <u>39305</u>	____ ¼ ____ ¼ Sec <u>9</u> Twn <u>T8N</u> Rng <u>R-15-E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 734-2349</u>	<u>20</u> Miles <u>N</u> of <u>Meridian</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>1</u> <b>RECEIVED</b>
Date Pump Installed: <u>2-25-08</u>	Setting Depth: <u>180</u> feet <b>MAR 05 2008</b>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u> <b>BY: OLWR</b>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</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>25</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

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

Tim Smith  
Signature of Pump Installer