

# 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 #: M-135075  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: McDonald & Hill  
Date drilling completed: 9-9-04

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>DORIS SMITH</u>	Latitude: <u>32° 19' 18"</u> Longitude: <u>88° 42' 30"</u>
Mailing Address: <u>3878 - Officers Lake</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Meridian MS 39307</u>	SE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>36</u> Twn <u>6N</u> Rng <u>15E</u>
City State Zip Code	Distance Direction Nearest Town
<u>601 479-4685</u>	<u>3</u> Miles <u>S</u> of <u>Meridian</u>

### Well Data

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

Date well drilling started: 4-7-04 Date well drilling completed: 4-9-04

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 4-9-04

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

Hole depth: 340 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 230 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

HAD to set 40' 6" PVC surface casing - lost circulation  
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): \_\_\_\_\_

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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.

Print Name of Water Well Contractor and License No. McDONALD & Hill, Inc. #0-8

Signature of Water Well Contractor Bruce Hill



# 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)

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Hill  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-135  
 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>Doris Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3878. Officen Lake rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian MS - 39307</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601 479-4685</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal <input checked="" type="radio"/> <u>Flowing Well</u> Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>5</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>200</u> feet Number of Stages: <u>13</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>13.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>?</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>20+</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

**BY: OLWR**

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

Harold Hill \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer