

# 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 # J-33  
L.S. Elevation: \_\_\_\_\_  
E-log # JUN 10 2005

County Lawrence Co  
Permit # \_\_\_\_\_  
Driller Larry Early  
Date drilling completed: \_\_\_\_\_

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>Aruts Colman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>269 Oliver Wilson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Monticello Miss 39654</u> City State Zip Code	1/4 _____ 1/4 Sec <u>1</u> Twn <u>6N</u> Rng <u>10E</u>
Telephone No. (____) _____	Distance <u>3</u> Miles Direction <u>EAST</u> of Nearest Town <u>Monticello</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 5-8-05 Date well drilling completed: 5-10-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 45 feet above or below (circle one) land surface Date measured: 5-10-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 200 74 Well depth: 95 27 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 75 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: 010 inches Setting depth: From 75 feet to 95 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.

Larry Early 570  
Print Name of Water Well Contractor and License No.

Larry Early  
Signature of Water Well Contractor

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JUN 13 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)

County: Lawrence Co  
 Permit #: \_\_\_\_\_  
 Driller: Larry Easley  
 Date completed: 5-10-05

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Aquifer: \_\_\_\_\_  
 Well #: J-133 0 2005  
 Elevation: \_\_\_\_\_

OFFICE OF GEOLOGY  
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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>Arutz Calman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>269 Oliver Hill Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Marticebo Miss 39654</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>6N</u> Rng <u>10E</u>
Telephone No. <u>(228)-715-0451</u>	Distance Direction Nearest Town <u>3</u> Miles <u>EAST</u> of <u>Marticebo</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>5-10-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-10-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</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>50</u> GPM with a drawdown of
Test Pumping Rate: <u>12</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.

Larry Easley  
 Print Name of Pump Installer and License No. (if applicable)

Larry Easley  
 Signature of Pump Installer

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 JUN 13 2005  
 BY: OLWR