

# 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)

County: Lewis  
Permit #: \_\_\_\_\_  
Driller: Rossi Drilling  
Date drilling completed: 8-25-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: C-144  
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>James Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 7934</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbus</u> <u>ms</u> <u>39705</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S 1/4 E 1/4 Sec 13 Twn 17 S Rng 19 W</u>
Telephone No. <u>(662) 574-4298</u>	Distance Direction Nearest Town Miles of _____

**Well Data**

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

Date well drilling started: 8-24-06 Date well drilling completed: 8-25-06

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

Static Water Level: 67 feet above or below (circle one) land surface Date measured: 8-25-06

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

Hole depth: 197 Well depth: 197 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 177 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .018 inches Setting depth: From 6.5 ft feet to 20 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.**

Thomas Rossi - 0509 Thomas Rossi  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JUN 29 2007  
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# 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 #: C-144

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

County: LOWNDES

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

Driller: ROSSI DRILLING

Date completed: 8-25-06

**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>James Taylor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO, 7934</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbus Ms 39905</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>S 1/4 E 1/4 Sec 13 Twn 17S Rng 19W</u>
Telephone No. <u>(662) 574-4298</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>8-25-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ 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)]: _____ Feet Below Land Surface	Well yielded <u>15-17</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Thomas Rossi 0-509  
 Print Name of Pump Installer and License No. (if applicable)

Thomas Rossi  
 Signature of Pump Installer

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 JUN 29 2007  
 BY: OLWR