

# 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 #: G-225  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Clardy Well  
Date drilling completed: 4/6/06

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>Charlotte Keasler</u>	Latitude: <u>33° 26' 57"</u> Longitude: <u>88° 20' 50"</u>
Mailing Address: <u>Christina Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39102</u> City State Zip Code	<u>SE 1/4 SE 1/4 Sec. 35 Twn 185 Rng 18W</u>
Telephone No. <u>(662) 549-1549</u>	Distance <u>2 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>Columbus</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>4/3/06</u> Date well drilling completed: <u>4/6/06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>8'</u> feet above or below (circle one) land surface Date measured: <u>4/6/06</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>151'</u> Well depth: <u>151'</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>80'</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
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 <u>Open hole</u> 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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	

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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.

Donald B. Clardy 0-496  
Print Name of Water Well Contractor and License No.

Donald B. Clardy  
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 #: G-225  
 Elevation: \_\_\_\_\_

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Clardy Well  
 Date completed: 4/6/06

**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>Charlotte Keasler</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Christian Lane</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbus, MS 39702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S 1/4 E 1/4 Sec 35 Twn 18S Rng 18W</u>
Telephone No. <u>(662) 549-1549</u>	Distance Direction Nearest Town
	<u>2 1/2 Miles S of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4/5/06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/6/06</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="radio"/>
Static Water Level (A): <u>8</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)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

**BY: OLWR**

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

Donald B. Clardy Donald B. Clardy  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer