

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39225

For Office Use Only	
Aquifer:	_____
Well #:	<u>H 369</u>
L.S. Elevation:	_____
E-Long #:	_____

County:	<u>MASTAKE</u>
Permit #:	_____
Driller:	<u>BOB SMITH</u>
Date drilling complet:	<u>11-14-12</u>

State Law requires that this report be prepared by the driller in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>AUNY JONES</u>	Latitude: <u>34°48'39"</u> Longitude: <u>89°43'05"</u>
Mailing Address: <u>353 Cross Creeper</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BYHARRIA, MS 38611</u>	<u>SE 1/4 NW 1/4 Sec 22 Twn 13S Rng 15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901 461 8526</u>	<u>3 Miles N/W of WATSON</u>

**Well Data**

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

Date well drilling started: 11-14-12 Date well drilling completed: 11-14-12

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

Static Water Level: 70 feet above or  below (circle one) land surface Date measured: 11-14-12

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole Depth: 140 Well depth: 140 Well grouted to a depth of 0 feet

Type of grout: (circle one): Cement  Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 TILUS. inches Setting depth: From 130 feet to 140 feet

Type of completion (circle all applicable):

Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well 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.

BOB SMITH 0-645 [Signature]

Print name of Water Contractor and License No. Signature of Water Well Contractor

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NOV 30 2012

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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: \_\_\_\_\_

Well #: H369

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

County: Monroe  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 11-14-12

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>ADIN JONES</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>353 Cross Creek</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Bayliff, MS. 38611</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 1-27 Twn 13S Rng 15W</u>
Telephone No. <u>(601) 461-8526</u>	Distance Direction Nearest Town
	<u>3 miles N/W of WATSON</u>

Pump Type	Power Type
Circle one	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>11-14-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: _____ gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>11-14-12</u>	circle one
Static Water Level(A): <u>20</u> feet below Land Surface	Air Line Electric Measuring Line Steel Tape
Rumping Water Level(B): _____ feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Drawdown((B)-(A)): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>28</u> gallons per Minute	Well yielded <u>28</u> GPM with a drawdown of _____
Duration of Pump Test(minimum 4 hours): _____ hrs	_____ feet after _____ hours of pumping

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

BOB SMITH 0-645 \_\_\_\_\_  
 Print Name of Pump Installer and License No. Signature of Pump Installer

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