

# 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 #: 0 58  
L.S. Elevation: \_\_\_\_\_  
E-Long #: \_\_\_\_\_

County: WALSH  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 11-18-08

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>EDWARD LATHEN</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>9760 COLLEGE RD</u> <u>OLIVER BRANCH, MS 38694</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4 1/4 Sec P. 18 Twn 15 Rng R 3W</u>
Telephone No. <u>662 349-0089</u>	Distance: <u>5</u> Miles Direction: <u>S/W of HOLLY SPRINGS</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>11-18-08</u> Date well drilling completed: <u>11-18-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>100</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>11-18-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>185</u> Well depth: <u>185</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>165</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>13 THOUS</u> inches Setting depth: From <u>165</u> feet to <u>185</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): <u>WASHED SAND</u>	
Top of lap pipe or reduction incasing: _____ 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 0645  
Print name of Water Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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DEC 10 2008  
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 #: <u>Ø 58</u>
Elevation: _____	

County: <u>ADAMS</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>11-18-08</u>

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>EDWARD RATHER</u> Mailing Address: <u>9760 COLLEGE RD</u> <u>OLIVE BLANCH MS 38654</u> City State Zip Code Telephone No. <u>(662) 349-0089</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 18 Twn 74S Rng 123W</u> Distance Direction Nearest Town <u>5 miles S/W of HOLLY SPRINGS</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>11-18-08</u> Rated Pump Capacity: <u>20</u> gallons per min	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>140</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>11-18-08</u> Static Water Level(A): <u>100</u> feet below Land Surface Rumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>20</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>20</u> GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>Bob Smith 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer

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