

# 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: Monroe  
 Permit #: \_\_\_\_\_  
 Driller: Tom Rossi 0-509  
 Date drilling completed: 8-27-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-106  
 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>Harold Vaughn</u>	Latitude: <u>33° 49' 53"</u> Longitude: <u>88° 29' 39"</u>
Mailing Address: <u>115 Drake Avenue</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Aberdeen</u> MS <u>39730</u>	<u>NE 1/4</u> <u>SE</u> 1/4 Sec. <u>23</u> Twn <u>14 S</u> Rng <u>7 E</u>
City State Zip Code	Distance <u>5E</u> Direction <u>23</u> Nearest Town <u>19 W</u>
Telephone No. <u>(662) 369-9263</u>	Miles _____ of _____

**Well Data**

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

Date well drilling started: 8-27-05 Date well drilling completed: 8-27-05

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 8-27-05

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

Hole depth: 33 feet Well depth: 33 feet Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 23 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .018 inches Setting depth: From Bottom feet to 10 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  
 Print Name of Water Well Contractor and License No.

Thomas Rossi RECEIVED  
 Signature of Water Well Contractor JUN 29 2006

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)

<b>For Office Use Only:</b>	
Aquifer: _____	Well #: <u>L-106</u>
Elevation: _____	

County: <u>Monroe</u>	Permit #: _____
Driller: <u>Tom Rossi - 0509</u>	Date completed: <u>08/27/05</u>

**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>Hersel Vaughn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>115 Drake Avenue</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Aberdeen ms 39730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 E 1/4 Sec 13 Twn 14S Rng 8E</u>
Telephone No. <u>(662) 369-9263</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> <input type="radio"/> <u>Turbine</u>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> <input type="radio"/> <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>A-12-50</u>
Date Pump Installed: <u>08/27/05</u>	Setting Depth: <u>24</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>08/27/05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>16</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>12-14</u> Gallons Per Minute	<u>16</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

<u>Thomas Rossi 0509</u>	<u>Thomas Rossi</u>
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

RECEIVED

JUN 29 2006

BY: OLWR