

# 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 #: Q-104  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Monroe  
Permit #: \_\_\_\_\_  
Driller: Tom Rossi 0-509  
Date drilling completed: 01/06/06

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>Al Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6465 Brand Una Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Prairie</u> <u>ms</u> <u>39751</u> City State Zip Code	<u>S</u> 1/4 <u>E</u> 1/4 Sec <u>24</u> Twn <u>15</u> Rng <u>6 E</u>
Telephone No. <u>(602) 454 3696</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: 01-2-06 Date well drilling completed: 01-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 01-3-06

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

Hole depth: 370 Well depth: 370 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 42 feet Casing diameter: 5 inches Type of casing: PVC

Screen length: 80' feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 290 feet to 370 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 0-509 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

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Tom Rossi

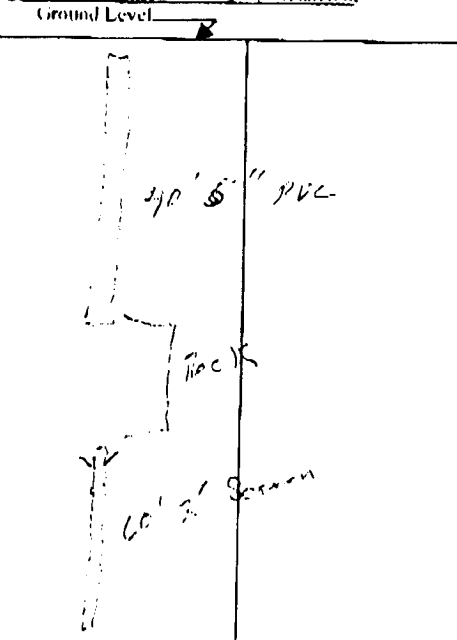
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Φ-104

The sketch below only required for water wells

If well telescopes, show depths on sketch.

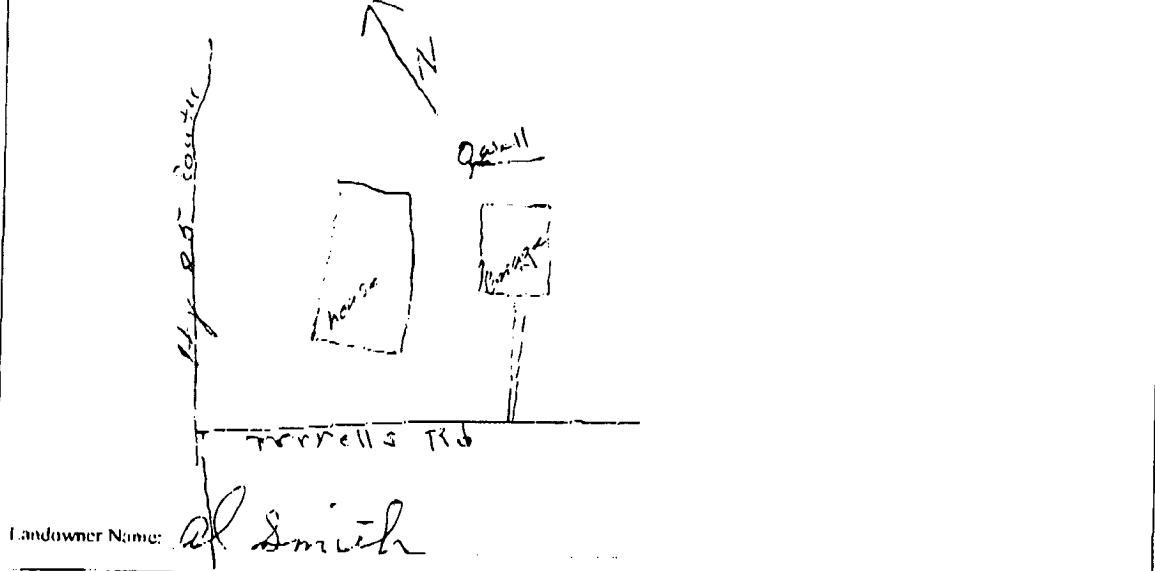


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
clay - br.	0	40
coll. E. rock	40	330
clay	330	348
sand	340	370

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Al Smith

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Thomas Rossi 0509 01-06-06  
Print Name of Responsible Licensee and License No. Date

*Thomas Rossi*  
Signature of Licensee

# 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>Q-104</u>
Elevation: _____	

County: <u>Monroe</u>	Permit #: _____
Driller: <u>Tom Rossi 0-509</u>	Date completed: <u>01-06-06</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>A. Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6465 Branduna Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Prairie</u> <u>MS</u> <u>39756</u>	<u>S</u> $\frac{1}{4}$ <u>E</u> $\frac{1}{4}$ Sec <u>24</u> Twn <u>15S</u> Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(602) 456 2896</u>	_____ 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>1HP</u>
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-2-06</u>	<u>Air Line</u> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>202</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>82</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>15</u> feet after <u>26</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>26</u> hours	

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

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

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