

### State Well Report Part 1 - Driller's Log

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: Thomas Rossi (0509)  
 Date drilling completed: 1-28-13

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 0113  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.**

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Al Smith</u>	Latitude: <u>33° 48' 21"</u> Longitude: <u>88° 37' 08"</u>
Mailing Address: <u>6465 Brand Ln Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>7</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Prairie MS 39756</u>	<u>5</u> 1/4 <u>W</u> 1/4 Sec <u>24</u> Twn <u>15S</u> Rng <u>6E</u>
City State Zip Code	SW NE Direction Nearest Town
Telephone No. <u>(662) 319-7415</u>	<u>0.3</u> Miles <u>W</u> of <u>Prairie</u>

**Well / Borehole Data**

Date drilling started: 1-21-13 Date drilling completed: 1-28-13 Hole depth: 360 Hole diameter: 9"

Location of the source of any surface water used for drilling: City Water System  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

**If drilling is not related to water well construction, skip the remainder of this block**

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

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

Static Water Level: 160 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 360 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 010 inches Setting depth: From 340 feet to 360 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 next page**

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 MAY 02 2013  
 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)

County: MONROE  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Rossi 0509  
 Date completed: 1-28-13  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 0113  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>AL SMITH</u>	Latitude: <u>33-48-21</u> Longitude: <u>88-37-08</u>
Mailing Address: <u>6465 Branduna</u> <u>Prairie</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>Pratt</u> <u>MS</u> <u>39756</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>S</u> <u>SW</u> <u>NE</u> <u>1</u> <u>155</u> <u>R</u> <u>6E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>west</u> of <u>Pratt</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: _____	Setting Depth: <u>280</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: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>280</u> 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
Test Pumping Rate: <u>12</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

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MAY 28 2013

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