

# 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 #: E-50  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: Nelson Cain  
Date drilling completed: 12-14-05

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>Jerry Peoples</u>	Latitude: <u>32° 27' 15"</u> Longitude: <u>89° 13' 20"</u>
Mailing Address: <u>154 Allgood Rd.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Decatur</u> <u>MS</u> City State Zip Code	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>13</u> Twn <u>7N</u> Rng <u>10E</u> <u>NE</u> <u>NE</u>
Telephone No. <u>(601) 635-4814</u>	Distance <u>6</u> Miles Direction <u>West</u> of Nearest Town <u>Decatur ms</u>

**Well Data**

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

Date well drilling started: 12-10-05 Date well drilling completed: 12-14-05

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 12-12-05

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: #10 inches Setting depth: From 95 feet to 115 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.

Nelson Cain 0-374 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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JAN 30 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)

County: Newton  
 Permit #: \_\_\_\_\_  
 Driller: Nelson Cain  
 Date completed: 12-14-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-50  
 Elevation: \_\_\_\_\_

**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>Jerry Peoples</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Decatur MS</u>	<u>N</u> 1/4 <u>E</u> 1/4 Sec <u>13</u> Twn <u>7N</u> Rng <u>10E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 635-4814</u>	<u>6</u> Miles <u>West</u> of <u>Decatur MS</u>

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"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>12-12-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>23</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>77</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>77</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.

Nelson Cain \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JAN 30 2006  
 BY: OLWR