

# 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 #: B-11  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: Amelia  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 8-27-06

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>Tommy Keaze</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Paris Place</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>RD</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Osno Ms. 38619</u>	<u>1/4 1/4 Sec B-29 Twn T6S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 560 7246</u>	<u>1/2 Miles N of Paris Place</u>

**Well Data**

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

Date well drilling started: 8-27-06 Date well drilling completed: 8-27-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 8-27-06

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

Hole depth: 167 Well depth: 167 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 147 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/4 turn inches Setting depth: From 147 feet to 167 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): INTS PRO S&P

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.

Print Name of Water Well Contractor and License No. Bob Smith 0645 Signature of Water Well Contractor [Signature]

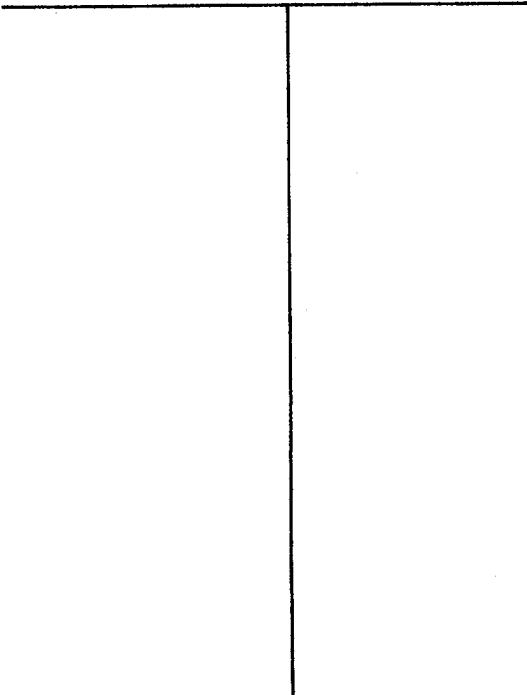
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B-11

If well telescopes please sketch below and show depths.

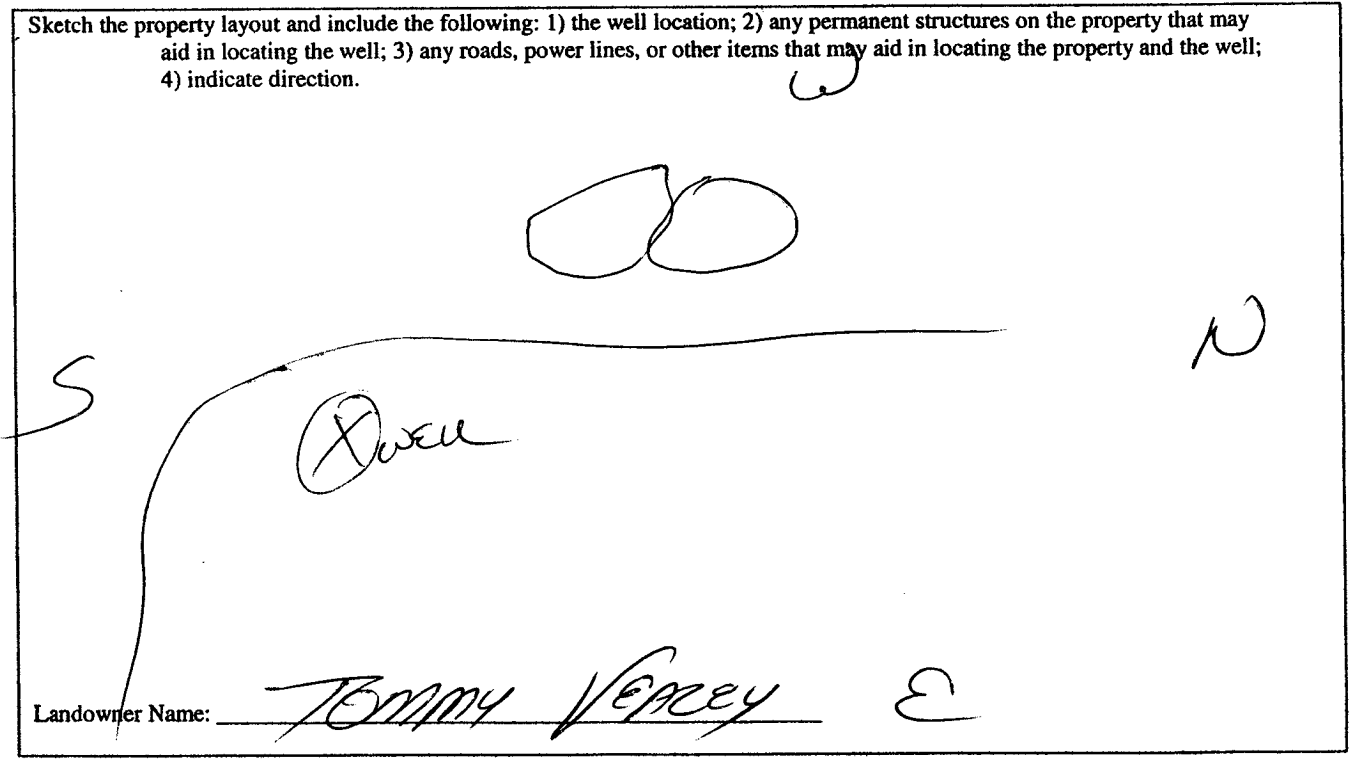
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	3
GRAVEL	3	40
ROCK	40	41
GREY CLAY	41	110
WHITESAND CLAY	110	135
WHITE SAND	135	167

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) indicate direction.



[Signature]  
Signature of Water Well Contractor

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# 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: Parola  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 8-27-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-11  
 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>Tommy Veneey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 38619</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Orno</u> MS. <u>38619</u>	_____ 1/4 _____ 1/4 Sec <u>B-29</u> Twn <u>T6S</u> Rng <u>R8W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 560-7246</u>	<u>1 1/2</u> Miles <u>N</u> of <u>Parola</u>

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>3/4</u>
Date Pump Installed: <u>8-27-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>17</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-27-06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>63</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>3</u> 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.

BOB SMITH 0645      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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