

# 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 #: C-36  
L. S. Blower: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: PANOLA  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 7-1-08

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>ROBERT FULWOOD</u>	Address: <u>34.32.20</u>	Latitude: <u>34.32.20</u>	Longitude: <u>89.53.18</u>
Mailing Address: <u>8250 COMPRESS RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
City: <u>Como, Ms. 38619</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
State: <u>Ms.</u>	<u>NW 1/4 NE 1/4 Sec C-25 Twp T6S Rng R7W</u>		
Zip Code: <u>38619</u>	Distance: <u>3</u> Miles Direction: <u>NE</u> of Nearest Town: <u>COMO</u>		
Telephone No.: <u>901, 921-5759</u>			

**Well Data**

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

Date well drilling started: 7-1-08 Date well drilling completed: 7-2-08

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 7-2-08

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 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 THOUS inches Setting depth: From 150 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Unscreened Telescoped Open hole Natural Development  
Other (describe): WASHED SAND

Top of log pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe each part of pipe.

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.

BOB SMITH 0645  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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C-36

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	28
WHITE CLAY	28	70
WHITE SAND	70	170

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 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: Panola  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 7-2-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-36  
 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>ROBERT FULLWOOD</u> Mailing Address: <u>8250 COMPLESS RD</u> <u>Comd, MS. 38619</u> <small>City State Zip Code</small> Telephone No. <u>(901) 921-5759</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec G25 Twn T6S Rng R7W</u> Distance Direction Nearest Town <u>3 Miles S/E of Comd</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>7-2-08</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: _____ feet Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-2-08</u> Static Water Level (A): <u>55</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>30</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line      Electric Measuring Line      Steel Tape Other (specify): <u>LIVE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>30</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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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**JUL 21 2008**  
**BY: OLWR**