

# State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225

For Office Use Only

Aquifer: C43  
Well #: \_\_\_\_\_  
L.S. Elevation: \_\_\_\_\_  
E-Long #: \_\_\_\_\_

County: Panel A  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling complet: 7-11-10

State Law requires that this report be prepared by the driller in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>MIKE ASH</u>	Latitude: <u>34.32.29</u> Longitude: <u>89.54.43</u>
Mailing Address: <u>2181 Compress</u> <u>RD</u> <u>Box No. 3869</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SW 1/4</u> <u>W 1/4</u> Sec <u>23</u> Twn <u>T65</u> Rng <u>R7W</u>
Telephone No. <u>908 461-8777</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>N/E</u> of <u>Como</u>

**Well Data**

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

Date well drilling started: 7-11-10 Date well drilling completed: 7-11-10

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

Static Water Level: 25 feet above or  below (circle one) land surface Date measured: 7-11-10

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

Hole Depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout: (circle one)  Cement  Bentonite  Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 7/100 inches Setting depth: From 130 feet to 140 feet

Type of completion (circle all applicable):  
 Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well 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 [Signature] JUL 28 2010

Print name of Water Contractor and License No. Signature of Water Well Contractor



# State Well Report

Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225

For Office Use Only	
Aquifer:	<u>C 43</u>
Well #:	_____
Elevation:	_____

County:	<u>LINCOLN</u>
Permit #:	_____
Driller:	<u>BOB SMITH</u>
Date completed:	<u>7-11-10</u>

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>MIKE ASH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2187 @</u> <u>COMPRESSION</u> <u>Camd MS 386A</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec C-23 Twn 765 Rng R7W</u>
Telephone No. <u>461-8777</u>	Distance Direction Nearest Town <u>3</u> miles <u>n/e</u> of <u>Camd</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>3/4</u>
Date Pump Installed: <u>9-11-10</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>7-11-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>25</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>12</u> gallons per Minute	Well yielded <u>12</u> GPM with a drawdown of
Duration of Pump Test(minimum 4 hours): _____ hrs	_____ feet after _____ hours of pumping

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

<u>Bob Smith 0645</u>	<u>[Signature]</u>
Print Name of Pump Installer and License No.	Signature of Pump Installer

RECEIVED  
JUL 20 2010  
BY: OLWR