

# 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: \_\_\_\_\_

Well #: F27

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: <u>PANOLA</u>
Permit #: _____
Driller: <u>Bob Smith</u>
Date drilling complet: <u>12-6-10</u>

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>HOWARD CHRISTIAN</u>	Latitude: <u>34° 30' 29"</u> Longitude: <u>89° 59' 54"</u>
Mailing Address: <u>326 FRED TAYLOR RD</u> <u>Como, MS 38619</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NE 1/4 NW 1/4 Sec <u>52</u> Twp <u>7S</u> Rng <u>R8W</u> SW
Telephone No. <u>(662) 519 6926</u>	Distance: <u>3</u> Miles Direction: <u>W</u> of Nearest Town: <u>Como</u>

**Well Data**

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

Date well drilling started: 12-6-10 Date well drilling completed: 12-6-10

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

Static Water Level: 99 feet above or  below (circle one) land surface Date measured: 12-6-10

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

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

Type of grout: (circle one):  Cement  Bentonite  Mix

Casing length: 137 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 3 THRU inches Setting depth: From 137 feet to 167 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.

<p><u>Bob Smith 0645</u> Print name of Water Contractor and License No.</p>	<p><u>[Signature]</u> Signature of Water Well Contractor</p>
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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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: \_\_\_\_\_

Well #: F27

Elevation: \_\_\_\_\_

County: <u>Panola</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>12-6-10</u>

This report be prepared by the pump installer 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>HOWARD CHENSTON</u>	Latitude: <u>34-30-29</u> Longitude: <u>89-59-54</u>
Mailing Address: <u>326 FRED TAYLOR RD</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey
<u>Como, MS 38619</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> survey grade GPS
City State Zip Code	<u>NE1/4NW1/4 Sec 2 Twn 17S Rng 18E</u>
Telephone No. (662) <u>519-6926</u>	Distance Direction Nearest Town
	<u>3</u> miles <u>W</u> of <u>Como</u>

Pump Type Circle one	Power Type Circle one
Air lift      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>12-6-10</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: _____ gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>12-6-10</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level(A): <u>99</u> feet below Land Surface	Other(specify): <u>LINER WELBOUT</u>
Rumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown[(B)-(A)]: _____ feet below Land Surface	Well yielded <u>26</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>26</u> gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

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

<u>Bob Smith 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer
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JAN 04 2011

BY: OLWR