

# 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) 961-2110  
 (601) 354-9300 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-35  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Scott Smith  
 Permit #: 4" Well  
 Driller: Water Well Service  
 Date drilling completed: \_\_\_\_\_

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>Glen Wicker</u>	Latitude: <u>32° 12' 57"</u> Longitude: <u>89° 35' 08"</u>
Mailing Address: <u>S.C. 558 D</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Homewood, Ms</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/2 Sec: <u>4</u> Twp: <u>4N</u> Rng: <u>7E</u>
Telephone No: <u>601-536-2308</u>	Distance _____ Direction: <u>SW</u> Nearest Town: <u>Homewood</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Chicken House  
 Date well drilling started: 10-22-05 Date well drilling completed: 1-8-06  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 73 feet above or below (circle one) land surface Date measured: 1-7-06  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Hole depth: 580' Well depth: 575' Well grouted to a depth of 40 feet  
 Type of grout (circle one): Cement Bentonite Mix \_\_\_\_\_  
 Casing length: 555 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: 0.08 inches Setting depth: From 555 feet to 575 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): State Loggers - B-0035  
 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.

Arnold Fincher Sr 0598  
 Print Name of Water Well Contractor and License No.

Arnold Fincher Sr  
 Signature of Water Well Contractor

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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 10531  
 Jackson, MS 39289-0531  
 (601)961-5210  
 (601)354-6938 (fax)

County: Smith  
 Permit #: 411  
 Driller: Water Well Service  
 Date completed: 1-9-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-35  
 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>Glen Wicker</u> Mailing Address: <u>S.C. 558 D</u> <u>Homewood, Ms</u> <small>City State Zip Code</small> Telephone No. <u>(601) 536-2308</u>	Latitude: <u>321257</u> Longitude: <u>893508</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>4N</u> Rng <u>7E</u> Distance Direction Nearest Town <u>6</u> Miles <u>W</u> of <u>Homewood</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucks: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>1-7-06</u> Rated Pump Capacity: <u>40</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>200</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-8-06</u> Static Water Level (A): <u>73</u> Feet Below Land Surface Pumping Water Level (B): <u>160</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>87</u> Feet Below Land Surface Test Pumping Rate: <u>35</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>35</u> GPM with a drawdown of <u>87</u> feet after <u>4</u> hours of pumping

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

Arnold Fenichel Sr 0598 Arnold Fenichel Sr  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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**FEB 15 2006**  
**BY: OLWR**