

# 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 #: A-85  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SMITH  
Permit #: \_\_\_\_\_  
Driller: JR Parker  
Date drilling completed: 6-20-06

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>DON GAMBRELL</u>   | Latitude: <u>31° 48' 31" N</u> Longitude: <u>89° 23' 21" W</u>                                      |
| Mailing Address: <u>SCR 3</u><br><u>TAYLORSVILLE MS</u><br><u>39168</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                                | ¼ _____ ¼ Sec <u>27</u> Twn <u>10N</u> Rng <u>R14W</u>  |
| Telephone No. (____) _____  | Distance _____ Miles Direction <u>S.E.</u> of <u>TAYLORSVILLE</u>                                   |

### Well Data

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

Date well drilling started: 6-18-06 Date well drilling completed: 6-22-06

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

Static Water Level: 60' feet above or below (circle one) land surface Date measured: 6-21-06

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

Hole depth: 215' Well depth: 136' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 116' feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 116' to 136' feet to \_\_\_\_\_ feet

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

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

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.

JOHN R. PARKER 0-553 John R Parker  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
JUN 28 2006  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: R-85  
 Elevation: \_\_\_\_\_

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: JR Parker  
 Date completed: 6-22-06

**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>DON GAMBRELL</u>   | Latitude: <u>314831</u> Longitude: <u>892321</u>   |
| Mailing Address: <u>SCR 3</u><br><u>TAYLORSVILLE</u><br><u>MS 39168</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS    |
| City: _____ State: _____ Zip Code: _____                                | 1/4 _____ 1/4 Sec <u>27</u> Twn <u>10 N</u> Rng <u>R14 W</u>   |
| Telephone No. (____) _____  | Distance _____ Direction _____ Nearest Town _____<br><u>5</u> Miles <u>S.E.</u> of <u>TAYLORSVILLE</u> |

| Pump Type<br>Circle one  | Power Type<br>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>1 HP</u>                                   |
| Date Pump Installed: <u>6-22-06</u>                            | Setting Depth: <u>135'</u> feet  |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute              | Number of Stages: <u>10</u>  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>6-22-06</u>                            | Air Line      Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>66'</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>66'</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>30'</u> Feet Below Land Surface    | Well yielded <u>18</u> GPM with a drawdown of                                     |
| Test Pumping Rate: <u>18</u> Gallons Per Minute             | <u>30'</u> feet after <u>6</u> hours of pumping                                   |
| Duration of Pump Test (minimum 4 hours): <u>6</u> hours     |   |

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

JOHN R. PARKER 0553      John R. Parker  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
 JUN 28 2006  
 BY: OLWR