

# 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:

Applicator: \_\_\_\_\_  
Well #: A-82  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 5-9-07

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>ROY WILLIAMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9023 Hwy 51 North</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Osprey, MS 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>A-29</u> Twp <u>T-4S</u> Rng <u>R-9W</u>
Telephone No. <u>(662) 622-5925</u>	Distance: <u>3</u> Miles Direction: <u>W</u> of Nearest Town: <u>ARLINGTON</u>

**Well Data**

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

Date well drilling started: 5-9-07 Date well drilling completed: 5-9-07

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 5-9-07

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13THOUS inches Setting depth: From 105 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Unannounced Telescoped Open hole Natural Development

Other (describe): WASHED SAND

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): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations and state laws.

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

Signature of Water Well Contractor: [Signature]  
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BY: OLWF

# 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 #: A-82  
 Elevation: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 5-9-07

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>ROY WILLIAMS</u> Mailing Address: <u>9023 Hwy 51 North</u> <u>Coahoma, MS 38618</u> <small>City State Zip Code</small> Telephone No. <u>662 622-5925</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>A29</u> Twn <u>T15</u> Rng <u>R9W</u> Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>ARKADISTON</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-9-07</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>120</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-9-07</u> Static Water Level (A): <u>115</u> Feet Below Land Surface Pumping Water Level (B): <u>118</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface Test Pumping Rate: <u>12</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of <u>3</u> feet after _____ hours of pumping

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

BOB SMITH 0645  
 Print Name of Pump Installer and License No. (if applicable)

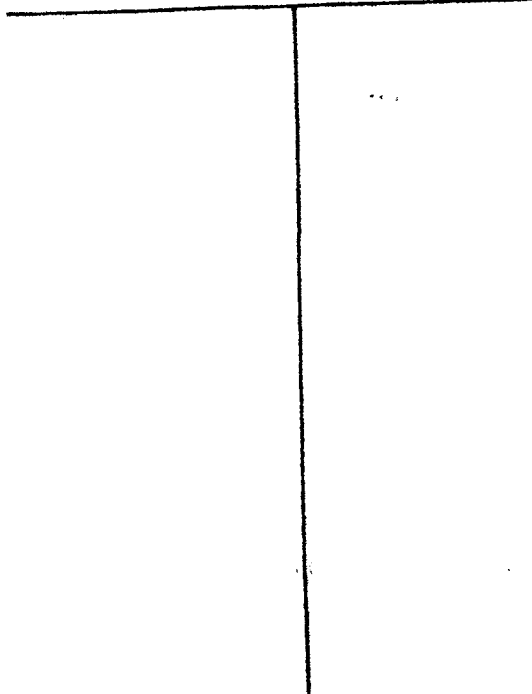
  
 Signature of Pump Installer

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A-82

If well telescopes please sketch below and show depths.

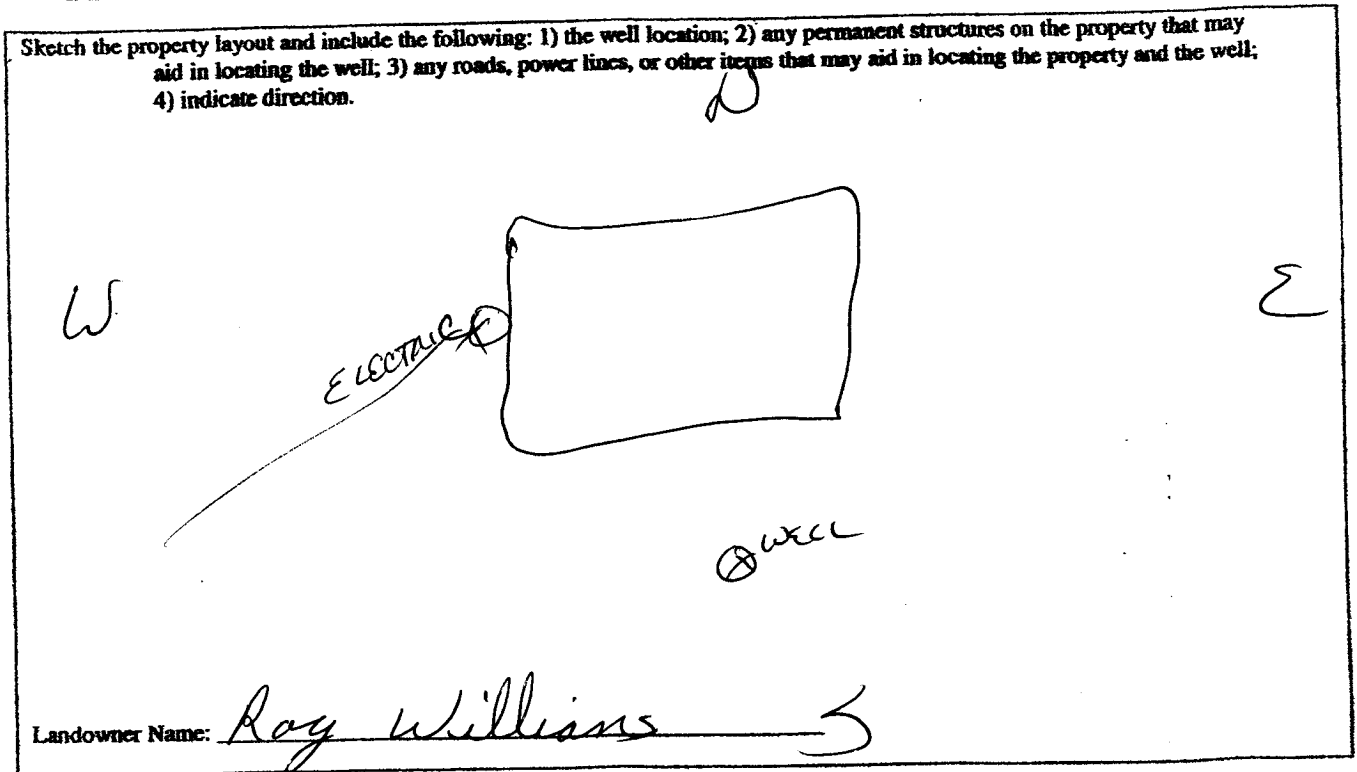
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	5
Brown Clay	5	34
Gravel Sand	34	60
White Sand	60	72
White Sand & Clay	72	100
Rock	100	101
Sand	101	125
Rock	125	126
Grey Clay	126	

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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