

# 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-89  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 7-29-08

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>DICK MOORE HOUSING</u>   | Latitude: " " " Longitude: " " "                            |
| Mailing Address: <u>6565 HICKORY ST</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>MICLINTON, TN 38053</u>              | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| City State Zip Code                     | <u>1/4 1/4 Sec 16 Twa T4S Rng R9W</u>                       |
| Telephone No. <u>(601) 872-4446</u>     | Distance Direction Nearest Town                             |
|   | <u>4 Miles N/W of ARABUTTA</u>                              |

**Well Data**

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

Date well drilling started: 7-29-08 Date well drilling completed: 7-29-08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 7-29-08

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 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 180 feet to 200 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): WASHER 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 and/or the Mississippi Department of Health regulations and state laws.

BOB SMITH 0-645 [Signature]  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 AUG 18 2008  
 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)

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 7-29-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-89  
 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>DICK MOORE HOUSING</u><br>Mailing Address: <u>6565 HIGHWAY 51 N</u><br><u>MILLINGTON, TN 38053</u><br><small>City State Zip Code</small><br>Telephone No. <u>901 872-4446</u> | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br>_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>745</u> Rng <u>R9W</u><br>Distance Direction Nearest Town<br><u>4</u> Miles <u>N/W</u> of <u>ARKABUTTA</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u><br>Bucket Piston Turbine<br>Centrifugal Rotary Flowing Well<br>Other (specify): _____<br>Date Pump Installed: <u>7-29-08</u><br>Rated Pump Capacity: <u>12</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas<br><input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO<br>Windmill Other (specify): _____<br>Horse Power Rating of Motor: <u>3/4</u><br>Setting Depth: <u>120</u> feet<br>Number of Stages: <u>11</u> |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>7-29-08</u><br>Static Water Level (A): <u>90</u> Feet Below Land Surface<br>Pumping Water Level (B): _____ Feet Below Land Surface<br>Drawdown [(B) - (A)]: _____ Feet Below Land Surface<br>Test Pumping Rate: <u>12</u> Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): _____ hours | Air Line Electric Measuring Line Steel Tape<br>Other (specify): <u>LINE + WEIGHT</u><br>For flowing well, measured shut in head: _____ feet<br>Well yielded <u>12</u> GPM with a drawdown of<br>_____ feet after _____ hours of pumping |

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

BOB SMITH 0-645 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 13 2008  
 BY: OI WR

