

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 #: A-91

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

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

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling complet: 10-15-08

State Law requires that this report be prepared by the driller in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Brian NEWMAN</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>591 ANNABURD RD</u> <u>OLDWATER, MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code: _____	<u>1/4 1/4 Sec 35 Twn 74S Rng 19W</u>
Telephone No. <u>(662) 560-0405</u>	Distance Direction Nearest Town Miles <u>AT</u> of <u>ANNABURD</u>

**Well Data**

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

Date well drilling started: 10-15-08 Date well drilling completed: 10-15-08

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 10-15-08

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

Hole Depth: 82 Well depth: 82 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 52 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10 THOUS inches Setting depth: From 52 feet to 82 feet

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

Top of lap pipe or reduction incasing: \_\_\_\_\_ 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 oorganization 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.

BOB SMITH 0645  
Print name of Water Contractor and License No.

[Signature]  
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 2309

Jackson, MS 39225

For Office Use Only

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

Well #: A-91

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

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 10-15-08

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>BRIAN NEYMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>591 ANKADURA RD</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>COULDAWAY, MS 38618</u>	<u>1/4 1/4 Sec 35 Twn 745 Rng 19W</u>
City State Zip Code	Distance _____ miles Direction <u>AT</u> Nearest Town <u>of ANKADURA</u>
Telephone No. <u>(662) 560-0405</u>	

Pump Type Circle one	Power Type Circle one
Air lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-15-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>10-15-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>60</u> feet below Land Surface	Other(specify): <u>LINE - WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>13</u> gallons per Minute	Well yielded <u>13</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test(minimum 4 hours): _____ hrs	

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. Signature of Pump Installer

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BY: OLWR

