

# 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 #: B-111 137  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 9-8-04

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>HOWARD BLANKSHIP</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>DAVIS RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CAIRO</u> City <u>MS</u> State <u>38618</u> Zip Code	_____ 1/4 _____ 1/4 Sec <u>H-5</u> Twn <u>T55</u> Rng <u>R7W</u>
Telephone No. <u>(901) 486-0998</u>	Distance _____ Miles      Direction <u>E</u> Nearest Town <u>CAIRO</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial      Public Supply      Irrigation      Fish Culture      Other: _____	
Date well drilling started: <u>9-8-04</u> Date well drilling completed: <u>9-8-04</u>	
If flowing, method of flow regulation: Valve _____      Other (describe) _____	
Static Water Level: <u>123</u> feet above or <u>below</u> (circle one) land surface      Date measured: <u>9-9-04</u>	
Method of Measurement (circle one): steel tape <u>electric tape</u> air line      other: _____	
Hole depth: <u>184</u> Well depth: <u>184</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite      Mix	
Casing length: <u>174</u> feet      Casing diameter: <u>4</u> inches      Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet      Screen diameter: <u>4</u> inches      Type of screen: <u>PVC</u>	
Screen slot size: <u>1/4</u> inches      Setting depth: From <u>174</u> feet to <u>184</u> feet	
Type of completion (circle all applicable): Gravel packed      Underreamed      Telescoped      Open hole      Natural Development	
Other (describe): <u>WASHED SAND</u>	
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): _____	

RECEIVED  
SEP 13 2004  
BY: OLWR

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      0645  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor



# 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: 9-9-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-111  
 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>HOWARD BANKS SR</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>DAVID RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CORDWATER MS 38618</u>	_____ 1/4 _____ 1/4 Sec. <u>H-5</u> Twn <u>T-55</u> Rng <u>R27W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>901</u> ) <u>486-0998</u>	<u>1</u> Miles <u>E</u> of <u>CORDWATER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-8-04</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

RECEIVED  
 SEP 13 2004  
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-9-04</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>123</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>127</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of
Test Pumping Rate: <u>28</u> Gallons Per Minute	<u>4</u> feet after <u>15</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>15</u> hours	

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