

# 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-120  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 1/8-05

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>MIKE WILSON</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 212</u> <u>CALDWATER MS 3868</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>C-36</u> Twn <u>745</u> Rng <u>R270</u>
Telephone No. <u>901 412-8517</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>E</u> of <u>CALDWATER</u>

**Well Data**

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

Date well drilling started: 1/8-05 Date well drilling completed: 1/8-05

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 1/8-05

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

Hole depth: 65 Well depth: 65 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/4 mesh inches Setting depth: From 45 feet to 65 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  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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# 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 #: B-120

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

County: LATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 11-8-05

**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>MIKE WILSON</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 212</u> <u>COLDWATER MS 38618</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>C36</u> Twn <u>T15</u> Rng <u>R1W</u>
Telephone No. <u>901 412-8577</u>	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>COLDWATER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>11-8-05</u>	Setting Depth: <u>65</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-8-05</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>59</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>9</u> feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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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 MS DEPT OF ENVIRONMENTAL QUALITY  
 OFFICE OF LAND AND WATER RESOURCES  
 JACOBSON BLDG  
 JACKSON, MS 39201

If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
TOP SOIL	0	5
RED SAND + GRAVEL	5	40
WHITE SAND + CIA	40	65
ROCK	65	66
GRAY CIA	66	

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.

A hand-drawn sketch of a property layout. At the top center is a circled 'X' labeled 'WELL' with an arrow pointing east towards the letter 'E'. Below it is another circled 'X' labeled 'ELECTRIC METER'. To the right of the electric meter is a rectangular box labeled 'MOTOR HOME'. At the bottom right is the letter 'S'. At the bottom center is the letter 'W'. On the left side, there is a large handwritten 'N' indicating North. The sketch is enclosed in a rectangular border.

Landowner Name: MIKE WILSON

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Water Well Contractor

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 DIVISION