

# 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-149  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 11-10-06

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>TOMMY WHITE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8200 ROSEMONT</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>OLIVE BRANCH, MS 38654</u>	<u>1/4 Sec C-34 Twn T4S Rng R2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 331-1181</u>	<u>3</u> Miles <u>E</u> of <u>CADWATER</u>

**Well Data**

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

Date well drilling started: 11-10-06 Date well drilling completed: 11-10-06

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

Static Water Level: 55 feet above or  below (circle one) land surface Date measured: 11-10-06

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 TWINS inches Setting depth: From 130 feet to 150 feet

Type of completion (circle all applicable):  Gravel packed  Underscreened  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 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 of Water Well Contractor

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DEC 05 2006  
 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: 11-10-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-149  
 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>TOMMY WHITE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8200 ROSEDALE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>OLIVE BRANCH MS.</u>	_____ 1/4 _____ 1/4 Sec <u>134</u> Twn <u>T4S</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 331-1181</u>	<u>1/2</u> Miles <u>E</u> of <u>OLIVE BRANCH</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 type="radio"/> <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>3/4</u>
Date Pump Installed: <u>11-10-06</u>	Setting Depth: <u>70</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>11-10-06</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>5</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]  
 Signature of Pump Installer

**RECEIVED**

DEC 05 2006

BY: OLWR