

# 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-163  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: TRE  
 Permit #: \_\_\_\_\_  
 Driller: Rob Smith  
 Date drilling completed: 4-9-07

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 ROSEMARY</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>Olivebranch MS 38054</u>              | <u>1/4 1/4 Sec 634 Twn T48 Rng 127N</u>  |
| City: _____ State: _____ Zip Code: _____ | Distance: <u>4</u> Miles <u>East</u> of <u>Coldwater</u>   |
| Telephone No. <u>206-331-1181</u>        |  |

**Well Data**

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

Date well drilling started: 4-9-07 Date well drilling completed: 4-9-07

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 4-10-07

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

Hole depth: 198 Well depth: 198 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 188 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/32" x 1/8" inches Setting depth: From 188 feet to 198 feet

Type of completion (circle all applicable):  Gravel packed  Underscreened  Telescoped  Open hole  Natural Development

Other (describe): WASHTO 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.

Rob Smith 0-1045  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

RECEIVED  
 MAY 09 2007  
 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: 4-10-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-163  
 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 ROSEMONT</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, |
| <u>OLIVEBRANCH MS 38054</u>           | USGS quad, Hand-held GPS, Survey-grade GPS                                  |
| City State Zip Code                   | _____ 1/4 _____ 1/4 Sec <u>6-34</u> Twn <u>T4S</u> Rng <u>R7W</u>           |
| Telephone No. <u>901-331-1181</u>     | Distance Direction Nearest Town   |
|                                       | <u>4</u> Miles <u>EAST</u> of <u>WADSWATER</u>                              |

| Pump Type<br>Circle one   | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u>                       | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____           |
| Other (specify): _____  | Horse Power Rating of Motor: <u>3/4</u>   |
| Date Pump Installed: <u>4-10-07</u>   | Setting Depth: <u>140</u> feet            |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute                           | Number of Stages: <u>1</u>                |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                            |
|---|--|
| Date Well Tested: <u>4-10-07</u>                            | Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>120</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>125</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>13</u> GPM with a drawdown of                            |
| Test Pumping Rate: <u>13</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 04025 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 MAY 09 2007  
 BY: OLWR