

# 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-184  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 8-16-07

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>PATRICK TEEC</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
Mailing Address: <u>7414 Tack Cove</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec <u>C-34</u> Twn <u>T45</u> Rng <u>R9W</u>	
<u>SOUTHAVEN, MS 38671</u>	Distance _____ Direction _____ Nearest Town _____	_____ Miles _____ of <u>COLDWATER</u>	
City State Zip Code			
Telephone No. <u>(901) 224-5129</u>			

**Well Data**

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

Date well drilling started: 8-16-07 Date well drilling completed: 8-16-07

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 8-16-07

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13THOUS inches Setting depth: From 160 feet to 170 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  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): \_\_\_\_\_

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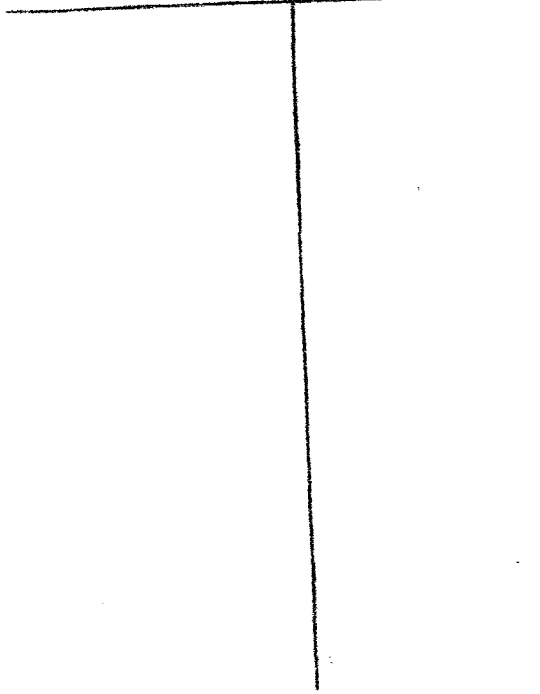
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Bob Smith 0645 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

B-184

If well telescopes please sketch below and show depths.

Ground Level

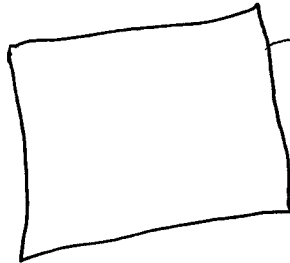


Description of Formations Encountered	From	To
Top Soil	0	5
Brown Clay	5	16
Gravel	16	53
White Clay	53	90
White Sand + Clay	90	130
White Sand	130	170

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.

N



⊗ Well

Electric

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Landowner Name: Patrick Teel \_\_\_\_\_ W

*[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)

For Office Use Only:

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

Well #: B-184

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

County: Tate  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date completed: 8-16-07

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>PATRICK TEEL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7414 Truck Cove</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Southaven MS. 38671</u>	<u>1/4 1/4 Sec C-34 Twn T4S Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901 224-5129</u>	<u>4 Miles E of Colowaten</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>8-16-07</u>	Setting Depth: <u>120</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-16-07</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>104</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>11</u> GPM with a drawdown of
Test Pumping Rate: <u>11</u> Gallons Per Minute	<u>4</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 0645  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer