

# 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)954-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-194  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 5-11-08

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>BOBBY EDWARDS</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>6386 ANKABUTLA RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>COUMAR, MS 38618</u>	_____ 1/4 _____ 1/4 Sec. <u>R-31</u> Twn. <u>T45</u> Rng. <u>R8W</u>		
City State Zip Code	Distance _____ Miles	Direction _____ of	Nearest Town <u>ANKABUTLA</u>
Telephone No. <u>(662) 562-8908</u>			
Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: <u>5-11-08</u>		Date well drilling completed: <u>5-11-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>65</u> feet above or below (circle one) land surface		Date measured: <u>5-11-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>WEIGHT STRING</u>			
Hole depth: <u>72</u>	Well depth: <u>72</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: <u>52</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>10 THOUS</u> inches Setting depth: From <u>52</u> feet to <u>72</u> feet			
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Unscreened <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>			
Other (describe): <u>WASHED SAND</u>			
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe contact of pipe			
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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 under the Mississippi Department of Health regulations and state laws.			
<u>BOB SMITH</u> <u>0-645</u>		<u>JACKSON</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

RECEIVED  
 MAY 27 2008  
 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: 5-11-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-194  
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>BOBBY EDWARDS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6386 ANKABUTTA RD</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>CELDWATER, MS 38618</u>	_____ 1/4 _____ 1/4 Sec <u>B-31</u> Twn <u>T45</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 562-8908</u>	<u>2</u> Miles <u>E</u> of <u>ANKABUTTA</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>5-11-08</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>5-11-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): <u>STRING + WEIGHTS</u>
Pumping Water Level (B): <u>20</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</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 0645 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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