

# 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:

Appl#: \_\_\_\_\_  
Well #: B-196  
L. S. Elevator: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling completed: 5-29-08

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>TOMMY WHITE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot 46 OAK</u> <u>RIDGE LAKES</u> <u>COLDWATER, MS. 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>601 331-1181</u>	_____ N _____ W Sec <u>C-34</u> Twp <u>T45</u> Rng <u>R2W</u>
	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>E</u> of <u>COLDWATER</u>

**Well Data**

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

Date well drilling started: 5-29-08 Date well drilling completed: 5-29-08

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 5-29-08

Method of Measurement (circle one): steel tape electric tape air line other: STRIKE WEIGHT

Hole depth: 145 Well depth: 145 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS inches Setting depth: From 1.35 feet to 145 feet

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

Top of log pipe or section in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe each of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running logs: \_\_\_\_\_

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.

Print Name of Water Well Contractor and License No. Bob Smith 0-645 Signature of Water Well Contractor [Signature]

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JUN 27 2008  
BY: OLWR



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STATE WELL REPORT BY: OLWR

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: 5-29-08

For Office Use Only:
Aquifer:
Well #: B-196
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
Owner Name: Tommy White
Mailing Address: 46 Oak Ridge Lakes
Colman, MS 38618
City State Zip Code
Telephone No. 901, 331-1181

Well Location
Latitude:
Longitude:
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 Sec C-34 Twp T45 Rng R7W
Distance Direction Nearest Town
4 Miles E of Colman

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify):
Date Pump Installed: 5-29-08
Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify):
Horse Power Rating of Motor: 3/4
Setting Depth: 100 feet
Number of Stages: 11

Pump Test Data
Date Well Tested: 5-29-08
Static Water Level (A): 80 Feet Below Land Surface
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate: 13 Gallons Per Minute
Duration of Pump Test (minimum 4 hours):

Method of Measuring Water Level
Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify): STAIN + WELLOG
For flowing well, measured shut in head:
Well yielded 13 GPM with a drawdown of
feet after hours pumping

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