

# State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39225

For Office Use Only

Aquifer: B 209

Well #: \_\_\_\_\_

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: <u>TIGLE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>12-2-10</u>

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>CAY FORESONE</u>	Latitude: <u>34.41.28</u> Longitude: <u>89.53.08</u>
Mailing Address: <u>816 FLORIANE</u> <u>LESUE RD</u> <u>COLONIA, MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SE 1/4 Sec 36 Twn 14 Rng 70</u>
Telephone No. <u>(901) 301-0962</u>	Distance: _____ Miles Direction: _____ Nearest Town: _____

**Well Data**

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

Date well drilling started: 12-2-10 Date well drilling completed: 12-2-10

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

Static Water Level: 25 feet above or  below (circle one) land surface Date measured: 12-2-10

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

Hole Depth: 140 Well depth: 140 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: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS inches Setting depth: From 130 feet to 140 feet

Type of completion (circle all applicable):  
 Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back

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

Name of organization running log(s): \_\_\_\_\_

I certify that the well 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 Contractor and License No.

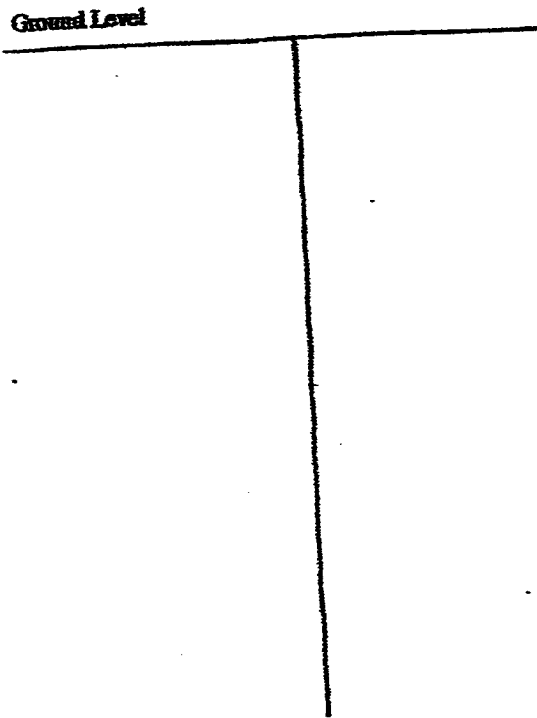
[Signature]  
Signature of Water Well Contractor

RECEIVED

JAN 04 2011

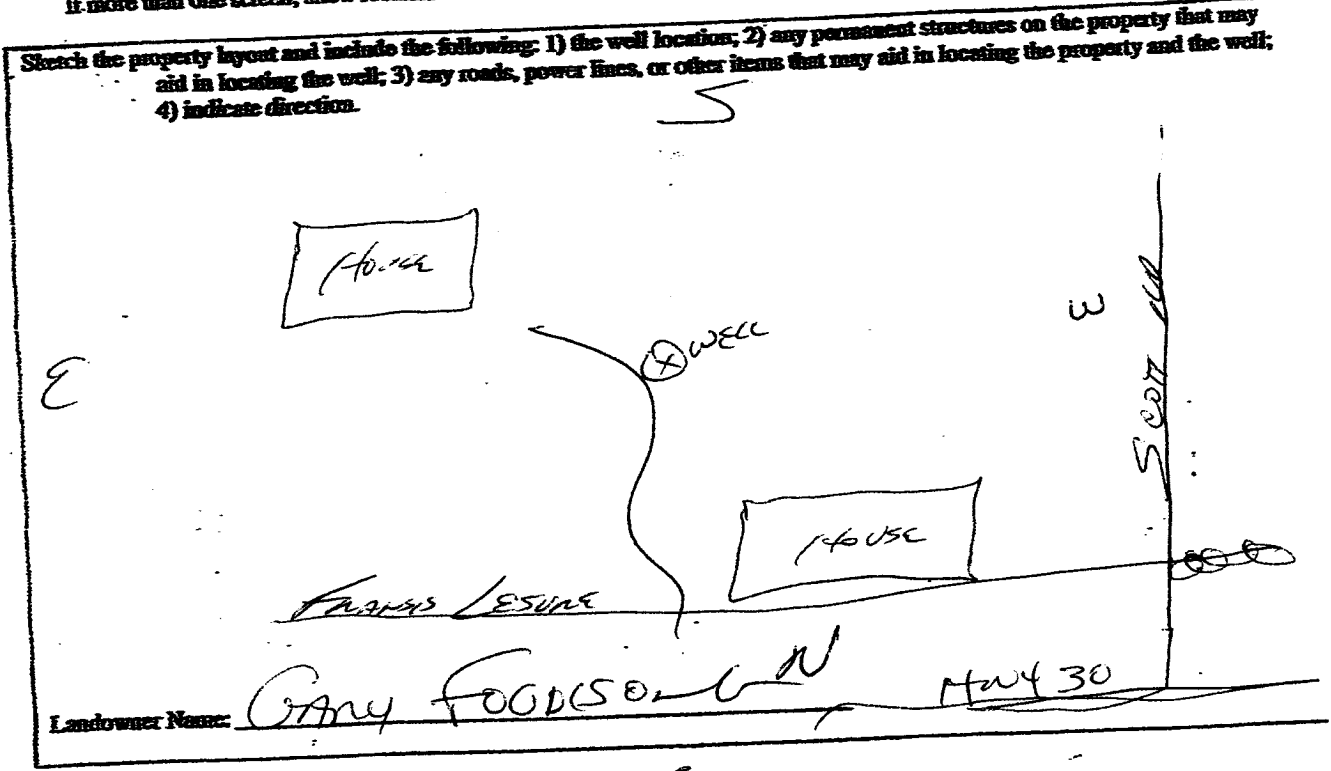
BY: OLWR

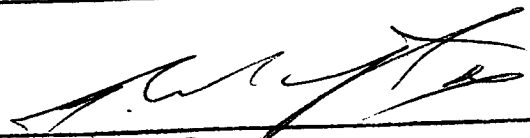
B209



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	20
WHITE CLAY	20	70
WHITE SAND + CLAY	70	110
WHITE SAND	110	140

If more than one screen, show location of each on sketch



  
 Signature of Water Well Contractor

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 BY: OLWR

BY: OLWB

JAN 04 2011

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Print Name of Pump Installer and License No. Bob Smith 0645

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer

**Pump Test Data**

Date Well Tested: 12-2-10

Static Water Level(A): 2.5 feet below Land Surface

Rumping Water Level(B):      feet below Land Surface

Drawdown(B)-(A):      feet below Land Surface

Test Pumping Rate: 16 gallons per Minute

Duration of Pump Test (minimum 4 hours):      hrs

**Method of Measuring Water Level**

circle one

Air Line

Electric Measuring Line

Steel Tape

Other (specify): LINE TAP

For flowing well, measured shut in head:      feet

Well yielded 16 GPM with a drawdown of      feet after      hours of pumping

**Pump Type**

Circle one

Submersible

Air lift

Jet

Piston

Turbine

Bucket

Centrifugal

Rotary

Flowing Well

Other (specify):     

Date Pump Installed: 12-2-10

Rated Pump Capacity: 10 gallons per min

**Power Type**

Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor PTO

Windmill

Other (specify):     

Horse Power Rating of Motor: 1

Setting Depth: 40 feet

Number of Stages: 9

**Well Owner Information**

Owner Name: Mary Johnson

Mailing Address: 876 Jones

City State Zip Code: Clarks MS 37618

Telephone No: 901 501-0967

**Well Location**

Latitude:     

Longitude:     

Method of Lat/Long (circle one):  Conventional Survey  USGS quad, Hand-held GPS, survey grade GPS

1/4 1/4 Sec 36 Twn 75 Rng 12W

Distance 5 miles

Direction     

Nearest Town of Dismal

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Jackson, MS 39225

P.O. Box 2309

Office of Land and Water Resources

Mississippi Department of Environmental Quality

Pump Installer's Completion Report

Part 2

State Well Report

County:     

Permit #:     

Driller: Bob Smith

Date completed: 12-2-10

For Office Use Only

Aquifer:     

Well #:     

Elevation: