

# 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 #: C-211  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 5-14-05

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>JOSE MORLES</u><br>Mailing Address: <u>LOT 30 COTTON</u><br><u>EBOW</u><br><u>COAHUM, MS. 38618</u><br>City State Zip Code<br>Telephone No. ( ) _____ | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br>_____ 1/4 _____ 1/4 Sec <u>D-6</u> Twn <u>T4S</u> Rng <u>R6W</u><br>Distance Direction Nearest Town<br><u>4</u> Miles <u>W</u> of <u>COAHUM</u> |

**Well Data**

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

Date well drilling started: 5-14-05 Date well drilling completed: 5-14-05

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 5-14-05

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

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/4" x 0.05 inches Setting depth: From 115 feet to 125 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): \_\_\_\_\_

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 0-645  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

C-211

Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| TOP SOIL                              | 0    | 5   |
| Red Sand                              | 5    | 40  |
| WHITE CLAY SAND                       | 40   | 70  |
| WHITE SAND + CLAY                     | 70   | 110 |
| WHITE SAND                            | 110  | 125 |
|                                       |      |     |
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|                                       |      |     |

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.

Landowner Name: JOSE MONICA 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 #: C-211

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

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 5-14-05

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>JOSE MORALES</u> | Latitude: _____ Longitude: _____                                  |
| Mailing Address: <u>LOT 30</u>  | Method of Lat/Long (circle one): Conventional Survey,             |
| <u>Cotton Bowl</u>              | USGS quad, Hand-held GPS, Survey-grade GPS                        |
| <u>OSWATER, MS. 39618</u>       | _____ 1/4 _____ 1/4 Sec. <u>D-6</u> Twn <u>T45</u> Rng <u>R6W</u> |
| City State Zip Code             | Distance Direction Nearest Town                                   |
| Telephone No. ( ) _____         | <u>4</u> Miles <u>W</u> of <u>OSWATER</u>                         |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas   |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>                      | <input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> 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>5-14-05</u>  | Setting Depth: <u>80</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<br>Circle one   |
|--|---|
| Date Well Tested: <u>5-14-05</u>                           | Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>55</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>58</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet   |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface     | Well yielded <u>17</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>17</u> Gallons Per Minute            | <u>3</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 D-645 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer