

# 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-222  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: Rob Smith  
Date drilling completed: 9-25-05

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>BOBBY ANPORTER</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>WATER FIELD RD</u>	USGS quad, Hand-held GPS, Survey-grade GPS	_____ 1/4 _____ 1/4 Sec. <u>D-14</u> Twn <u>T-45</u> Rng <u>R-6W</u>	
<u>COVINGTON MS 38618</u>	Distance _____ Direction _____ Nearest Town _____	_____ Miles <u>W</u> of <u>WATERFIELD</u>	
City _____ State _____ Zip Code _____	Well Data		
Telephone No. <u>(601) 333-0572</u>	Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>9-25-05</u> Date well drilling completed: <u>9-25-05</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>60</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-25-05</u>		
	Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____		
	Hole depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet		
	Type of grout (circle one): <u>Cement</u> Bentonite Mix		
	Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
	Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>		
	Screen slot size: <u>1/4 (1/8)</u> inches Setting depth: From _____ feet to _____ feet		
	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development		
	Other (describe): <u>WATER SAND</u>		
	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.			
<u>Rob Smith 0645</u>	<u>[Signature]</u>		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

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# 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: 9-25-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-222  
 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 CARPENTER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>WAKEFIELD RD</u> <u>COLUMBIAN, MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City                      State                      Zip Code	_____ 1/4 _____ 1/4 Sec <u>D14</u> Twn <u>T4S</u> Rng <u>R6W</u>
Telephone No. <u>(662) 237-0572</u>	Distance                      Direction                      Nearest Town <u>1</u> Miles <u>W</u> of <u>WAKEFIELD</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9-25-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-25-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>64</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>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</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 0665                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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