

# 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-244  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 7-23-06

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>JANE NESBETH</u>     | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>Highway 306</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>INDIAN LAKE MS 38638</u>         | <u>1/4 1/4 Sec 0-34 Twn T45 Rng 16W</u>   |
| City State Zip Code                 | Distance Direction Nearest Town   |
| Telephone No. <u>662 233 2767</u>   | <u>1/4 Miles W of INDIAN LAKE</u>   |

**Well Data**

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

Date well drilling started: 7-23-06 Date well drilling completed: 7-23-06

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7-23-06

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

Hole depth: 136 Well depth: 136 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 176 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 inch Setting depth: From 126 feet to 136 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 0645 [Signature]  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

2006  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: C-244

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

County: TATE

Permit #: \_\_\_\_\_

Driller: Bob Smith

Date completed: 7-23-06

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>JAMES NESBITT</u>    | Latitude: _____ Longitude: _____                      |
| Mailing Address: <u> Hwy 306</u>    | Method of Lat/Long (circle one): Conventional Survey, |
| <u> Independence MS 38638</u>       | USGS quad, Hand-held GPS, Survey-grade GPS            |
| City State Zip Code                 | <u> 1/4 1/4 Sec D 34 Twn T4S Rng R6W</u>              |
| Telephone No. <u>(662) 233-2767</u> | Distance Direction Nearest Town                       |
|                                     | <u> 1/4 Miles W of INDEPENDENCE</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 Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> 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>7-23-06</u>  | Setting Depth: <u>60</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>7-23-06</u>                           | Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>410</u> Feet Below Land Surface | Other (specify): _____  |
| Pumping Water Level (B): <u>44</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>17</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>17</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 0645  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

RECEIVED  
 SEP 21 2006  
 BY: OLWR