

# 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-278  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 2-10-08

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>Tom Embrey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7586 PALESTINE</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey.
<u>COVINGTON, MS. 38618</u>	USGS quad. Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec. 04 Twp. T4S Rng. R6W</u>
Telephone No. <u>(662) 233-1261</u>	Distance Direction Nearest Town
	<u>2 Miles W of WAKEFIELD</u>

**Well Data**

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

Date well drilling started: 2-10-08 Date well drilling completed: 2-10-08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 2-10-08

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

Hole depth: 195 Well depth: 195 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 185 feet Casing diameter: 4 inches Type of casing: PVC 7-2008

Screen length: 10 feet Screen diameter: 4 inches Type of screen: 3/8" OLWR

Screen slot size: 13THOUS inches Setting depth: From 185 feet to 195 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 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.

BOB SMITH 0645  
Print Name of Water Well Contractor and License No.

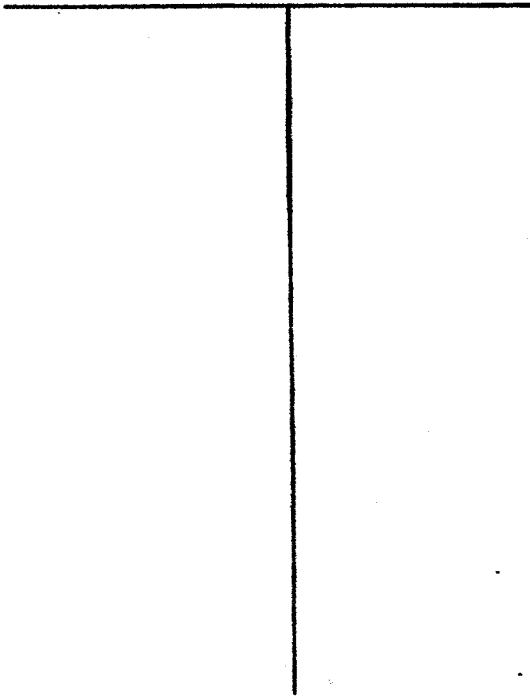
[Signature]  
Signature of Water Well Contractor

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BVC/OLWR

C-278

If well telescopes please sketch below and show depths.

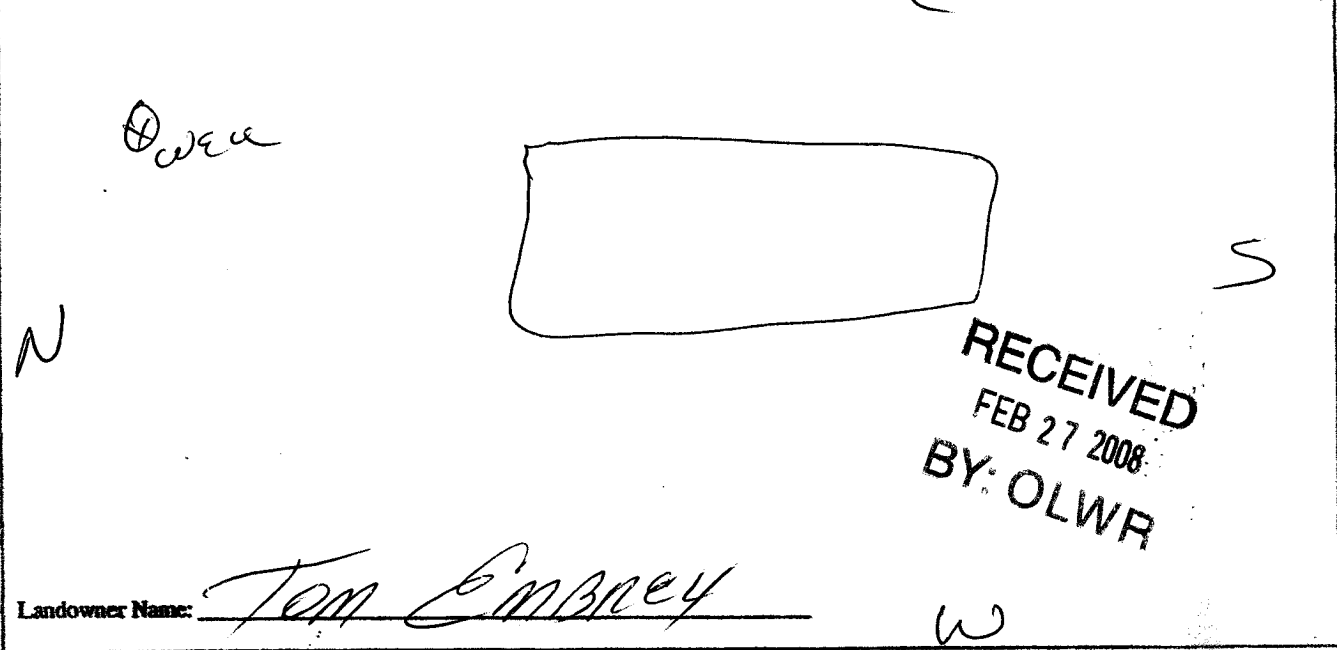
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
WHITE CLAY	18	91
SAND CLAY	90	114
WHITE CLAY + SAND	114	140
WHITE CLAY	140	178
WHITE SAND	178	195

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.



*[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-278

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

County: TATE

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

Driller: BOB SMITH

Date completed: 2-10-08

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: TOM EMBREY

Mailing Address: 7586 PALESTONE

CORINTH MS. 38618  
City State Zip Code

Telephone No. (662) 233-1261

### 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 D-9 Twn T4S Rng R6W

Distance Direction Nearest Town

2 Miles W of WATERFIELD

### Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 2-10-08

Rated Pump Capacity: \_\_\_\_\_ 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: \_\_\_\_\_

Setting Depth: 120 feet

Number of Stages: 11

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BY: OLWR

### Pump Test Data

Date Well Tested: 2-10-08

Static Water Level (A): 90 Feet Below Land Surface

Pumping Water Level (B): 95 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface

Test Pumping Rate: 13 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

### Method of Measuring Water Level Circle one

Air Line

Electric Measuring Line

Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded 13 GPM with a drawdown of

5 feet after \_\_\_\_\_ hours of pumping

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