

# 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:

Applic: \_\_\_\_\_  
 Well #: C-282  
 I. S. Elevator: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: JACKSON  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 4-29-08

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>JERRY DAY</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>6002 POND CIRCLE</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
<u>CELDWATER, MS 38618</u>	<u>4</u> N <u>16</u> Sec <u>D-16</u> Twn <u>T4S</u> Rng <u>R6W</u>	Distance: <u>4</u> miles	Direction: <u>W</u> of Nearest Town: <u>WARFIELD</u>
Telephone No. <u>901 351-8257</u>	City: _____	State: _____	Zip Code: _____
Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: <u>4-29-08</u>		Date well drilling completed: <u>4-29-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>45</u> feet above or below (circle one) land surface		Date measured: <u>4-29-08</u>	
Method of Measurement (circle one): <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: <u>STRING + WEIGHT</u>			
Hole depth: <u>126</u>	Well depth: <u>126</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: <u>116</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>1.37MM</u> inches			
Setting depth: From <u>116</u> feet to <u>126</u> feet			
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Unfinished <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development			
Other (describe): <u>WASHED SAND</u>			
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe contact of pipe			
Logs run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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 under the Mississippi Department of Health regulations and state laws.			
<u>Bob Smith 10-645</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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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-282

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

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 4-29-08

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	Well Location
Owner Name: <u>LARRY DAVIS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Golden Pond Circle</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>WADSWORTH, MS 38618</u>	<u>1/4 1/4 Sec 0-16 Twn 745 Rng R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 351 8257</u>	<u>4 Miles W of WAKEFIELD</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u><input checked="" type="checkbox"/> Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u><input checked="" type="checkbox"/> Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>4-29-08</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 Circle one
Date Well Tested: <u>4-29-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): <u>TRING + WEIGHT</u>
Pumping Water Level (B): <u>49</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>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</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 of Pump Installer

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 MAY 27 2008  
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