

# 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-284  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JACKSON  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 6-21-08

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>BOB WOODS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 5067</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Abbeville Springs MS 38634</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 Sec D-24 Twp T4S Rng R6W</u>
Telephone No. <u>(662) 252-2333</u>	Distance Direction Nearest Town
	<u>1 1/2 Miles S of WAREFIELD</u>

**Well Data**

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

Date well drilling started: 6-21-08 Date well drilling completed: 6-21-08

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 6-21-08

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole depth: 255 Well depth: 255 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 235 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 137605 inches Setting depth: From 235 feet to 255 feet

Type of completion (circle all applicable): Gravel packed Unscreened Telescoped Open hole Natural Development

Other (describe): WASHED SAND

Top of hp 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  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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JUL 21 2008  
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)

County: Tate  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 6-21-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-284  
 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>Bob Edwards</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 5067</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey.
<u>Holly Springs MS 38634</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>024</u> Twn. <u>T45</u> Rng. <u>R6W</u>
Telephone No. <u>662 252-2332</u>	Distance Direction Nearest Town
	<u>1 1/2</u> Miles <u>S</u> of <u>WAKEFIELD</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>6-21-08</u>	Setting Depth: <u>100</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>6-21-08</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>LINE + WEIGHT</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured slant in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of _____ feet after _____ hours pumping
Test Pumping Rate: <u>14</u> Gallons Per Minute	
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 **RECEIVED**

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer JUL 21 2008

BY: OLWR