

# State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39225

For Office Use Only

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

Well #: C-286

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling complet: 9-17-08

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): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Ham Springs, MS 38634</u>	<u>1/4 1/4 Sec 024 Twn 14S Rng R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 274-5173</u>	<u>2 Miles E of INDEPENDENCE</u>

**Well Data**

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

Date well drilling started: 9-17-08 Date well drilling completed: 9-17-08

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 9-17-08

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

Hole Depth: 215 Well depth: 215 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10 Mesh inches Setting depth: From 195 feet to 215 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 casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well 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 Contractor and License No. Signature of Water Well Contractor

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Ground Level

Description of Formations Encountered

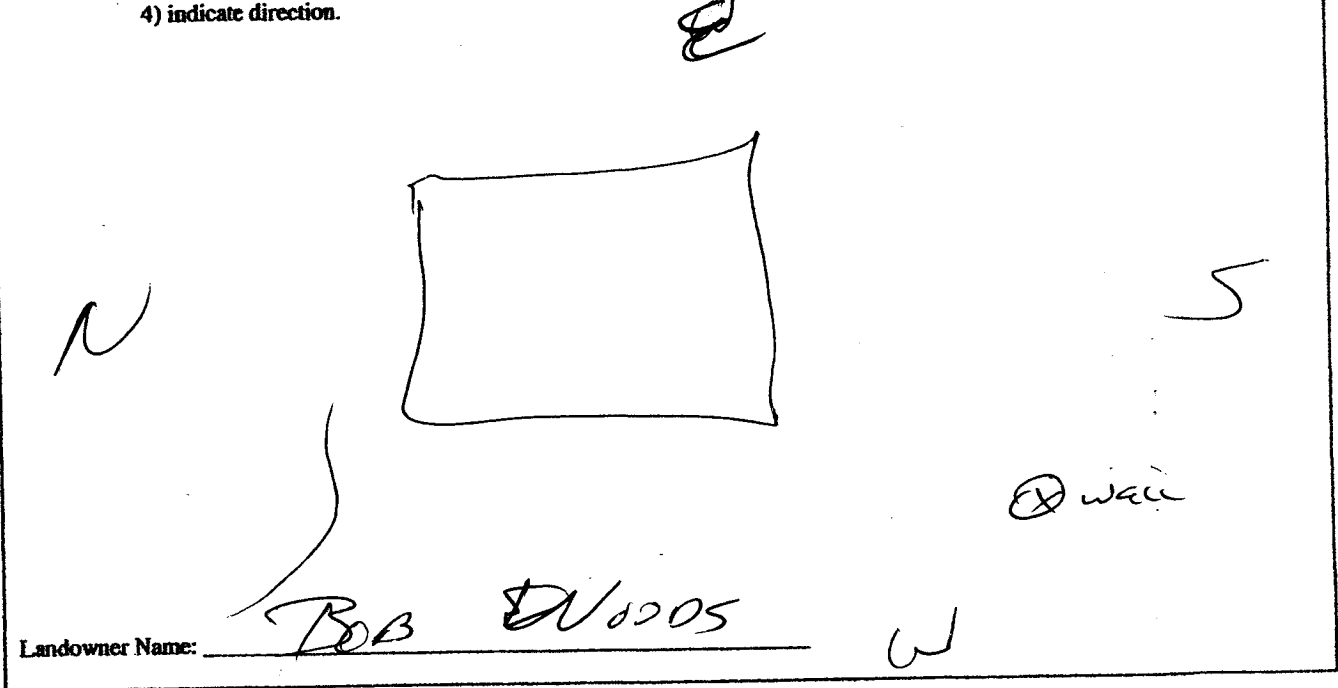
C-284

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	18
WHITE CLAY	18	40
RED CLAY SAND	40	120
Grey CLAY	120	190
FINE SAND	190	215

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.



Landowner Name:

BOB DUDDOS

*[Handwritten Signature]*  
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 2309  
Jackson, MS 39225

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Aquifer: \_\_\_\_\_  
Well #: 1-286  
Elevation: \_\_\_\_\_

County: ITC  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date completed: 9-17-08

This report be prepared by the pump installer in detail and filled will 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): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>INDIAN SPRINGS MS 38634</u>	<u>1/4 1/4 Sec 02 Twn 14 S Rng 16 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 274-5123</u>	<u>2</u> miles <u>E</u> of <u>INDIAN SPRINGS</u>

Pump Type	Power Type
Circle one	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>3/4</u>
Date Pump Installed: <u>9-17-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
	circle one
Date Well Tested: <u>9-17-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>80</u> feet below Land Surface	Other(specify): <u>Line + weights</u>
Pumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown[(B)-(A)]: _____ feet below Land Surface	Well yielded <u>14</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>14</u> gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

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.

[Signature]  
Signature of Pump Installer

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