

# 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: C 369

Well #: \_\_\_\_\_

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

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

County: <u>WALTON</u>
Permit #: _____
Driller: <u>BOB WOODS</u>
Date drilling complet: <u>7-14-10</u>

State Law requires that this report be prepared by the driller in detail and filled 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: <u>34.43.02</u> Longitude: <u>89.46.51</u>
Mailing Address: <u>LOT 56 CONWAY RD</u> <u>CONWAY, MS 38618</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
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 24 Twn 14 S Rng 16 W</u>
Telephone No. <u>662 274-5173</u>	Distance: <u>2</u> Miles Direction: <u>S</u> of Nearest Town: <u>WARFIELD</u>

**Well Data**

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

Date well drilling started: 7-14-10 Date well drilling completed: 7-14-10

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

Static Water Level: 72 feet above or  below (circle one) land surface Date measured: 7-14-10

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

Hole Depth: 145 Well depth: 145 Well grouted to a depth of 0 feet

Type of grout: (circle one):  Cement  Bentonite  Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/32 inches Setting depth: From 135 feet to 145 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction incasing: \_\_\_\_\_ 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.

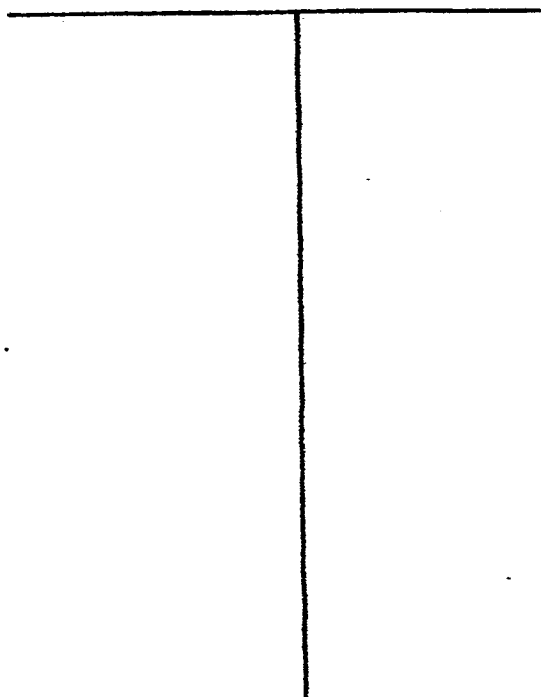
BOB SMITH 0645  
Print name of Water Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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JUL 28 2010  
BY: OLIVER

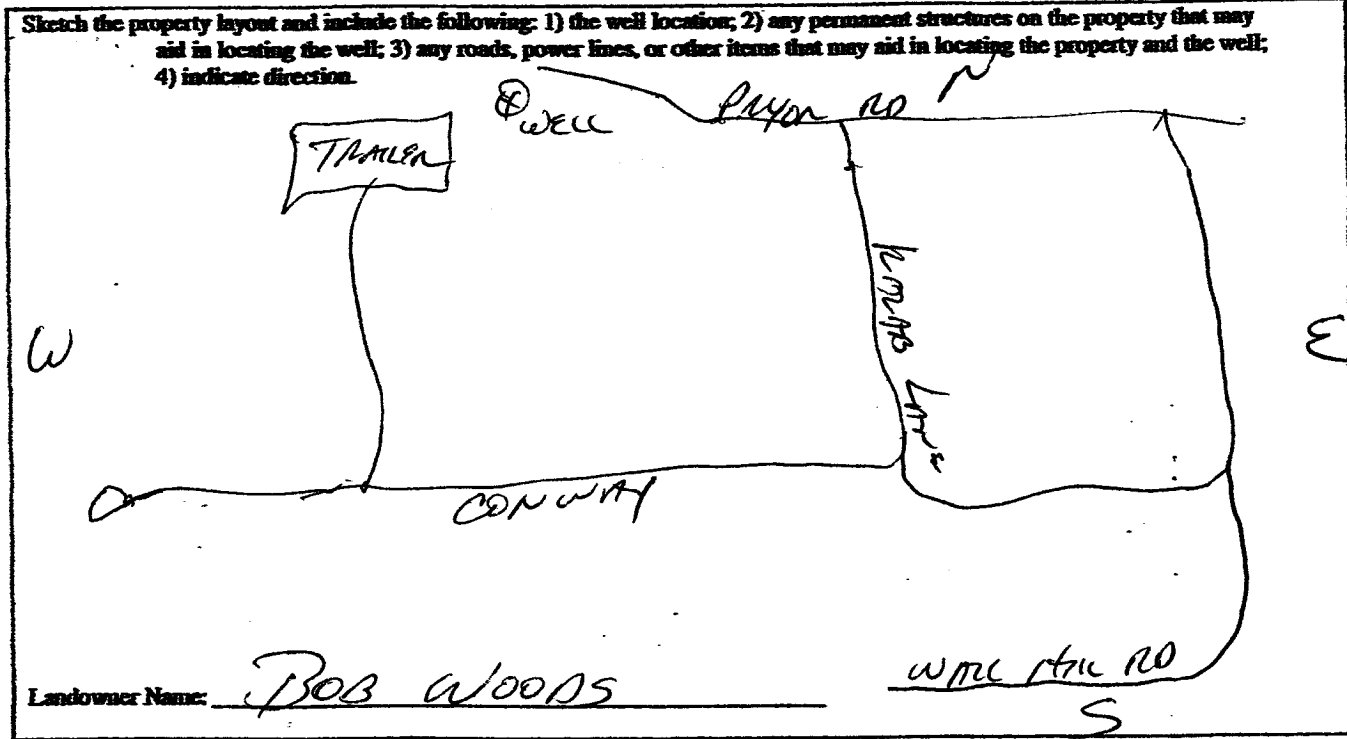
C 369

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	20
WATER CLAY	20	30
WHITE CLAY SAND	30	110
WHITE SAND	110	145

If more than one screen, show location of each on sketch



[Signature]  
Signature of Water Well Contractor

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BY: OJW/B

# 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

For Office Use Only

Aquifer: C.369  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: TAYLOR  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 7-14-10

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>BOB WOOD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT 56 CONWAY</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>OLDHAM, MS 38618</u>	<u>1/4 1/4 Sec 12 Twn 15 Rng 16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 274-5173</u>	<u>2</u> miles <u>S</u> of <u>JAKEFIELD</u>

Pump Type Circle one	Power Type 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>7-14-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>7-14-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>22'</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping 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>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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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JUL 28 2010  
BY: [Signature]