

# State Well Report

## Part I

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 #: D-111  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

137

County: TATE  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling completed: 11-10-04

*Smith Well Drilling & Sec.*

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>FARROW PLACE</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>COUMTEN MS 38618</u>	<u>1/4 Sec E 30 Twn 74 S Rng 12 SW</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>E</u> of Nearest Town: <u>FARROW PLACE</u>
Telephone No: <u>662-252-2333</u>	

**Well Data**

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

Date well drilling started: 11-10-04 Date well drilling completed: 11-10-04

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

Static Water Level: 55 feet above or  below (circle one) land surface Date measured: 11-10-04

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 14 mesh inches Setting depth: From 100 feet to 120 feet

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

Other (describe): WASHER SO

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: \_\_\_\_\_

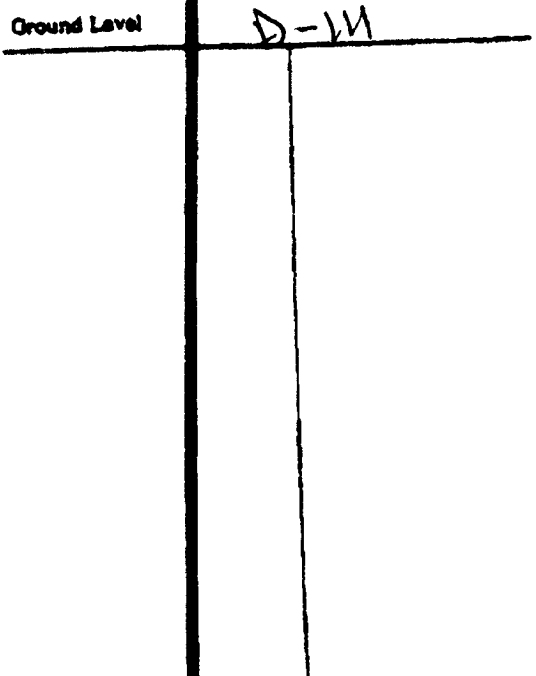
Name of organization running log(s): \_\_\_\_\_

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.

ROBERT C SMITH 0645 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
DEC 1 2004  
BY: D. WH

If well telescopes please sketch below and show depths.

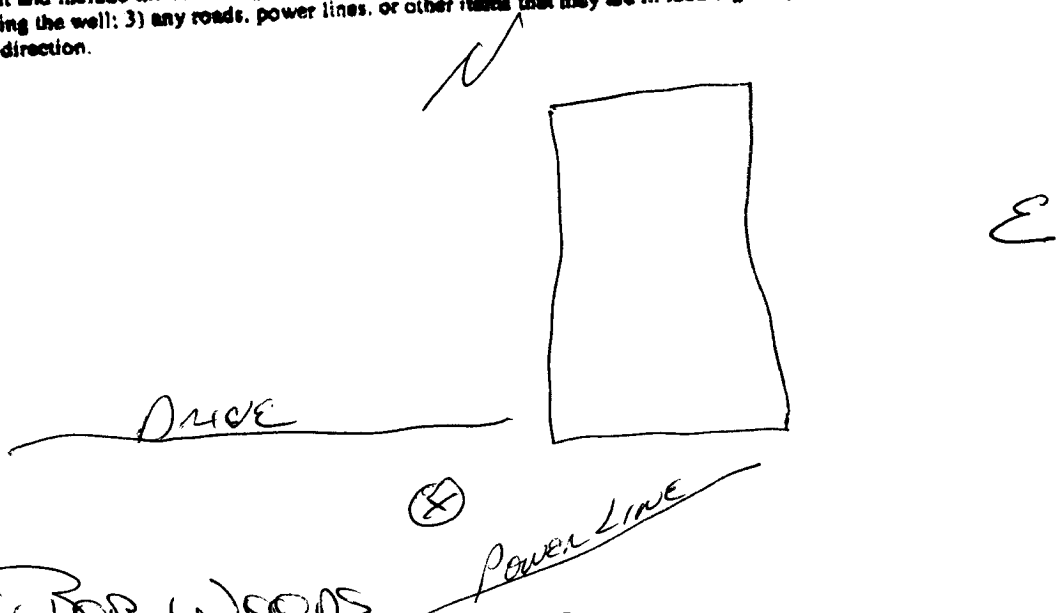


137

Description of Formations Encountered	From	To
TOP SOIL	0	5
YELLOWISH CLAY	5	20
RED SAND + GRAVEL	20	40
WHITE CLAY + SAND	40	100
WHITE SAND	100	200

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 WOODS

*[Handwritten Signature]*

Signature of Water Well Contractor

RECEIVED  
DEC 2 1971  
BY: C. J. ...

# 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 #: D-111

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

137

County: TATE

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

Driller: BOB SMITH

Date completed: 11-10-04

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: BOB WOODS

Mailing Address: FALCON PLAZA

COVINGTON MS. 38618

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: (662) 252-2333

**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 E-30 Twp T4S Rng R5W

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_

3 Miles E of INDEPENDENCE

**Pump Type**  
Circle one

Air Lift: \_\_\_\_\_  Submersible

Bucket: \_\_\_\_\_  Piston  Turbine

Centrifugal: \_\_\_\_\_  Rotary  Flowing Well

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

Date Pump Installed: 11-10-04

Rated Pump Capacity: 12 (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: 3/4

Setting Depth: 70 feet

Number of Stages: 11

**Pump Test Data**

Date Well Tested: 11-10-04

Static Water Level (A): 55 Feet Below Land Surface

Pumping Water Level (B): 58 Feet Below Land Surface

Drawdown: [(B) - (A)]: 3 Feet Below Land Surface

Test Pumping Rate: 15 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 15 GPM with a drawdown of 3 feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ROBERT C SMITH 0-645 \_\_\_\_\_

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

DEPT. OF ENVIRONMENTAL QUALITY  
 BY: OLVH