

# 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:

Appl#: \_\_\_\_\_  
Well #: E-59  
L. S. Elevator: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 7-18-08

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>DONNE SCALLIONS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6771 Hickory Crest</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Dr. E</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>WALZ, MS 38680</u>	1/4 _____ 1/4 Sec. <u>15</u> Twp <u>T55</u> Rng <u>R9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 831-7946</u>	<u>3</u> Miles <u>W</u> of <u>AKLOBITCA</u>

**Well Data**

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

Date well drilling started: 7-18-08 Date well drilling completed: 7-18-08

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

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 7-18-08

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

Hole depth: 57 Well depth: 57 Well grouted to a depth of 10 feet

Type of grout (circle one): Concrete Bentonite Mix

Casing length: 37 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 TPOVS inches Setting depth: From 37 feet to 57 feet

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

Top of log pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe each of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron 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 and/or the Mississippi Department of Health regulations and state laws.

BOB SMITH 0-645  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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AUG 18 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)354-6898 (fax)

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 7-18-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-59  
 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>DONNIE SCALLIONS</u> Mailing Address: <u>6771 Hickory Crest</u> <u>D. E.</u> <u>WALKER, MS. 38680</u> City State Zip Code Telephone No. <u>(901) 831-7946</u>	Latitude: _____ Longitude: _____ 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>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>T5S</u> Rng <u>R9W</u> Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>ANDABURA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <del>Submersible</del> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): <u>BUCKET WELL</u> Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Electric Motor <input checked="" type="radio"/> <del>Hand</del> Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: _____ feet Number of Stages: _____


Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>37</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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AUG 18 2008

BY: OLWR

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

