

# 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 #: E-60  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 8-2-08

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>DONNIE SCALIONS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6771 Hickory Crest</u> <u>Dr. E</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
<u>WALUS, MS. 38680</u>	<u>1/4</u> <u>1/4</u> Sec. <u>5</u> Twp <u>T55</u> Rng <u>R9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>901 831-7946</u>	<u>3</u> Miles <u>W</u> of <u>ARABUTTA</u>

**Well Data**

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

Date well drilling started: 8-2-08 Date well drilling completed: 8-2-08

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 8-2-08

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

Hole depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

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

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

Screen slot size: 1/32 THOUS inches Setting depth: From 135 feet to 155 feet

Type of completion (circle all applicable): Gravel packed Unfinished Telecased Open hole Natural Development  
Other (describe): WASHED SAND

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Scale Neutron Other: \_\_\_\_\_

Name of organization owning 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] **RECEIVED**  
Signature of Water Well Contractor  
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)354-6938 (fax)

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 8-2-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-60  
 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>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>Walls, MS. 38680</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>755</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>ARABUTTA</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>1/2</u>
Date Pump Installed: <u>8-2-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-2-08</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): <u>LINE WEIGHT</u>
Pumping Water Level (B): <u>7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of _____
Test Pumping Rate: <u>28</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED

AUG 18 2008

BY: OLWR

