

# 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: <u>K-29</u>	
Well #: <u>E69</u>	
L.S. Elevation: _____	
E-Long #: _____	

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>9-24-09</u>

State Law requires that this report be prepared by the driller 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>Mark Lebbe</u>	Latitude: <u>34° 36' 19"</u> Longitude: <u>90° 07' 29"</u>
Mailing Address: <u>460 Brownwood</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SEMPORA, MS. 38668</u>	<u>SW 1/4 NW 1/4 Sec 35 Twn 35 Rng 9W 9W</u>
City State Zip Code	Distance Direction <u>5S</u> Nearest Town
Telephone No. <u>662 647-1430</u>	<u>1</u> Miles <u>E</u> of <u>SEMPORA, MS</u>
Well Data	
Purpose of Well (circle one) <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____	
Date well drilling started: <u>9-24-09</u> Date well drilling completed: <u>9-24-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>35</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>9-25-09</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Line + wellbot</u>	
Hole Depth: <u>266</u> Well depth: <u>266</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>246</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1/32 IN.</u> inches Setting depth: From <u>246</u> feet to <u>266</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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 <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.	
<u>BOB SMITH 0645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	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 #: E69

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

County: MAE  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 9-25-09

This report be prepared by the pump installer 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>Mark Kent</u>	Latitude: <u>34-36-19</u> Longitude: <u>90-07-29</u>
Mailing Address: <u>460 Drow</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>Senatobia MS 38668</u>	<u>SW 1/4 NW 1/4 Sec 35 Twp 5S Rng 9W</u>
City State Zip Code	<u>35 5S 9W</u>
Telephone No: <u>(662) 647-1430</u>	Distance _____ miles Direction <u>E</u> Nearest Town <u>of Senatobia</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill     Other(specify): _____
Date Pump installed: <u>9-25-09</u>	Horse Power Rating of Motor: <u>3/4</u>
Rated Pump Capacity: <u>12</u> gallons per min	Setting Depth: <u>60</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>9-25-09</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level(A): <u>35</u> feet below Land Surface	Other(specify): <u>LINE WEIGHT</u>
Pumping Water Level(B): _____ feet below Land Surface	
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>16</u> gallons per minute	Well yielded <u>16</u> GPM with a drawdown of _____ feet after _____ hours of pumping
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 of Pump Installer

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