

# 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 #: F-82  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DeWitt  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling completed: 1-30-08

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>Bill Burns</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Burns Ferry</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sienna, MS 38668</u>	<u>1/4 Sec 6-36 Twn 15S Rng R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 292-1703</u>	<u>1 1/2 Miles S/W of Ber-Atob-A</u>

**Well Data**

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

Date well drilling started: 1-30-08 Date well drilling completed: 1-30-08

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 1-30-08

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 102 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/2 mm inches Setting depth: From 102 feet to 122 feet

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

Other (describe): Washed Sand

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 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 0645  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

F-82

Ground Level

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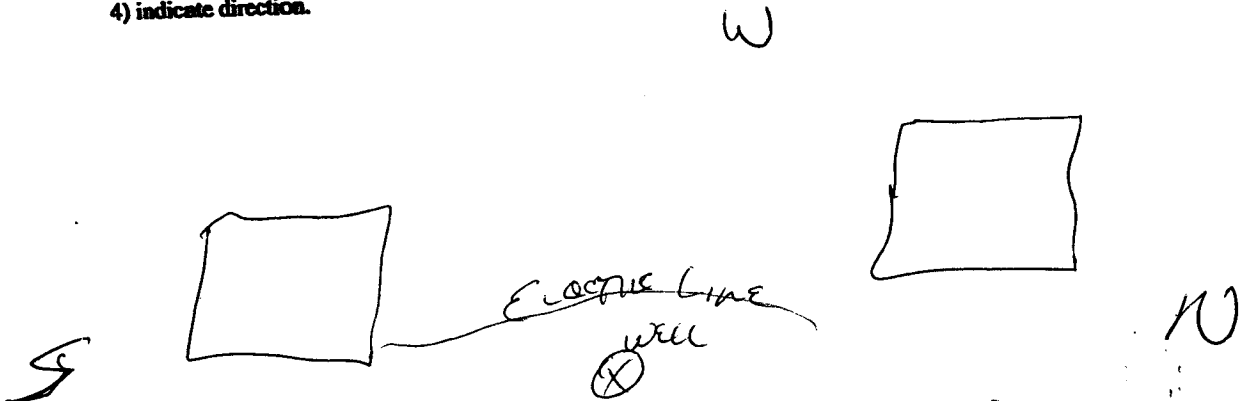
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	14
GRAVEL	14	26
WHITE SAND	106	122

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: Bill Burns

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[Signature]  
 Signature of Water Well Contractor

# 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: 1-30-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-82  
 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>Bill Burns</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Brown Ferry</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Senatobia, MS 38668</u>	_____ 1/4 _____ 1/4 Sec. <u>G-36</u> Twp. <u>T55</u> Rng. <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 292-1203</u>	<u>1 1/2</u> Miles <u>SW</u> of <u>Senatobia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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 1/2</u>
Date Pump Installed: <u>1-30-08</u>	Setting Depth: <u>60</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Here Circle one
Date Well Tested: <u>1-30-08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>44</u> Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of
Test Pumping Rate: <u>28</u> Gallons Per Minute	<u>4</u> 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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer