

# 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) 961-5270  
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-114  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 1-24-05

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>Paul McKeeth</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>BRONWOOD SUB</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey		
<u>SEARORA MS 38668</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec <u>H-35</u> Twp <u>T-55</u> Rng <u>R-7W</u>		
Telephone No: <u>662 562-4268</u>	Distance _____ Miles	Direction _____ of	Nearest Town <u>NEW TOWN</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>1-24-05</u> Date well drilling completed: <u>1-24-05</u>		
Flowing, method of flow regulation: Valve _____ Other (describe) _____	Date measured: <u>1-24-05</u>		
Static Water Level: <u>40</u> feet above or <input checked="" type="radio"/> below (circle one) land surface	Method of Measurement (circle one): <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line <input type="radio"/> other: _____		
Mole depth: <u>105</u> Well depth: <u>105</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>95</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>14.7505</u> inches	Setting depth: From <u>95</u> feet to <u>105</u> feet		
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development	Other (describe): <u>WASHED SAND</u>		
Top of lap pipe or restriction in casing: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <input type="radio"/> 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 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.

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

Signature of Water Well Contractor: [Signature]

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If well telescopes please sketch below and show depths

Ground Level

G-114

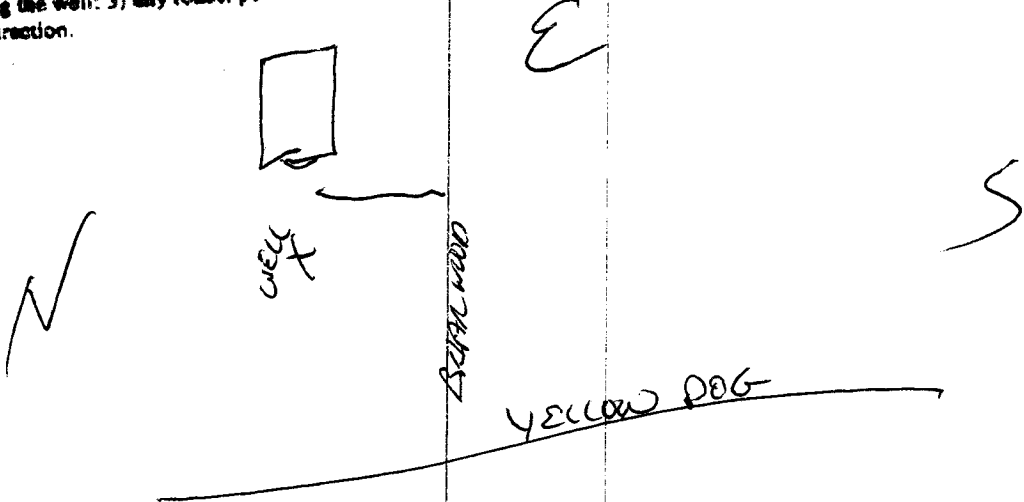
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
BROWN CLAY	0	10
RED CLAY SAND	10	30
RED SAND - GRAVEL	30	52
WHITE CLAY	52	90
WHITE SAND	90	105

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:

Paul McFeehee

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 10631  
 Jackson, MS 39289-0631  
 (601)961-5200  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: G-114

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

County: TATE

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

Driller: BOB SMITH

Date completed: 1-24-05

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: PAUL MCGEEHEE

Mailing Address: BALWOOD SUB.

SEMPROVA MS 38668

City State Zip Code

Telephone No: 602 562-4268

Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

W Sec H35 Twn T55 Rng R-7W

Distance Direction Nearest Town

1/2 Miles S of NEWTOWN

Pump Type  
Circle one

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

Bucket: \_\_\_\_\_

Centrifugal: \_\_\_\_\_

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

Date Pump Installed: 1-24-05

Rated Pump Capacity: 12 Gallons Per Minute

Submersible:

Piston: \_\_\_\_\_

Rotary: \_\_\_\_\_

Turbine: \_\_\_\_\_

Flowing Well: \_\_\_\_\_

Power Type  
Circle one

Diesel Engine: \_\_\_\_\_

Gasoline Engine: \_\_\_\_\_

Natural Gas: \_\_\_\_\_

Hand: \_\_\_\_\_

Tractor PTO: \_\_\_\_\_

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

Horse Power Rating of Motor: 3/4

Setting Depth: 60 feet

Number of Stages: 10

Electric Motor:

Windmill: \_\_\_\_\_

Pump Test Data

Date Well Tested: 1-24-05

Static Water Level (A): 30 Feet Below Land Surface

Pumping Water Level (B): 34 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface

Test Pumping Rate: 16 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 16 GPM with a drawdown of 4 feet after \_\_\_\_\_ hours of pumping

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

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