

# 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 #: G-158  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 3-5-08

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>Johnny James</u>         | Latitude: _____   | Longitude: _____     |                               |
| Mailing Address: <u>1222 W. Main Rd</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey. |                      |                               |
| <u>Coldwater, MS 38618</u>              | USGS quad, Hand-held GPS, Survey-grade GPS                                  |                      |                               |
| City State Zip Code                     | <u>14</u> <u>4</u> Sec. <u>H-10</u> Twp. <u>T-55</u> Rng. <u>R-1W</u>       |                      |                               |
| Telephone No. <u>(662) 562-2600</u>     | Distance <u>3</u> Miles   | Direction <u>S/E</u> | Nearest Town <u>Coldwater</u> |

**Well Data**

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

Date well drilling started: 3-5-08 Date well drilling completed: 3-5-08

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

Static Water Level: 82 feet above or below (circle one) land surface Date measured: 3-5-08

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS. inches Setting depth: From 160 feet to 170 feet

Type of completion (circle all applicable):  Gravel packed  Unscreened  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 under the Mississippi Department of Health regulations and state laws.

BOB SMITH 0645 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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MAR 31 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)

For Office Use Only:

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

Well #: G-158

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

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 3-5-08

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>JOHNNY JAMES</u><br>Mailing Address: <u>1222 WALKER</u><br><u>COLDWATER, MS. 38618</u><br><small>City State Zip Code</small><br>Telephone No. <u>(662) 562-2600</u> | Latitude: _____ Longitude: _____<br>Method of Lat/Long (circle one): <u>Conventional Survey</u><br>USGS quad, Hand-held GPS, Survey-grade GPS<br><u>1/4 1/4 Sec 4-10 Twn 15S Rng 12W</u><br>Distance Direction Nearest Town<br><u>3 Miles S/E of COLDWATER</u> |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u><br>Bucket Piston Turbine<br>Centrifugal Rotary Flowing Well<br>Other (specify): _____<br>Date Pump Installed: <u>3-5-08</u><br>Rated Pump Capacity: <u>12</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas<br><input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO<br>Windmill Other (specify): _____<br>Horse Power Rating of Motor: <u>3/4</u><br>Setting Depth: <u>100</u> feet<br>Number of Stages: <u>11</u> |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one   |
|---|---|
| Date Well Tested: <u>3-5-08</u><br>Static Water Level (A): <u>82</u> Feet Below Land Surface<br>Pumping Water Level (B): <u>85</u> Feet Below Land Surface<br>Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface<br>Test Pumping Rate: <u>14</u> Gallons Per Minute<br>Duration of Pump Test (minimum 4 hours): _____ hours | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape<br>Other (specify): _____<br>For flowing well, measured shut in head: _____ feet<br>Well yielded <u>14</u> GPM with a drawdown of<br><u>3</u> 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

RECEIVED

MAR 31 2008

BY: OLWR