

# 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: _____	Well #: <u>6171</u>
L.S. Elevation: _____	E-Long #: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>Bob Smoot</u>
Date drilling complet: <u>11-17-11</u>

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>JOSEPH YOUNGALOOD</u>	Latitude: <u>34° 39' 29"</u> Longitude: <u>89° 55' 12"</u>
Mailing Address: <u>289 DANIELS LN</u> <u>COLDWATER, MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SE 1/4 SE 1/4 Sec <u>9-10</u> Twn <u>14S</u> Rng <u>R7W</u>
Telephone No. <u>(662) 682-7377</u>	Distance: <u>4</u> Miles Direction: <u>S/E</u> of <u>COLDWATER</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>11-17-11</u> Date well drilling completed: <u>11-17-11</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>90</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>11-17-11</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>170</u> Well depth: <u>170</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>160</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>13 THOUS.</u> inches Setting depth: From <u>160</u> feet to <u>170</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron 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.	
Print name of Water Contractor and License No. <u>Bob Smoot 0-645</u>	Signature of Water Well Contractor <u>[Signature]</u>

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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

For Office Use Only

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

Well #: 6171

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

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>11-17-11</u>

This report be prepared by the pump installer 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>JOSEY YARBLOOD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>289 DANIELS RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Camden, MS 38618</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> survey grade GPS
City State Zip Code	<u>1/4 1/4 Sec 110 Twn 18S Rng 2E</u>
Telephone No. <u>(662) 627-7314</u>	Distance _____ miles Direction <u>SE</u> Nearest Town <u>55 of CAMDEN</u>

Pump Type Circle one	Power Type Circle one
Air lift      Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-17-11</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>11-17-11</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level(A): <u>12</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown[(B)-(A)]: _____ feet below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

<u>BOB SMITH 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer
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