

# 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 #: G.173

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling complet: 5-1-12

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>TATE County Road DEPT</u>	Latitude: <u>34° 36' 35"</u> Longitude: <u>89° 53' 06"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SENTOBIA MS 38668</u>	<u>NE 1/4 NE 1/4 Sec 36 Twn T55 Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 562 4647</u>	<u>5 Miles E of SENTOBIA</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other COUNTY BRAM

Date well drilling started: 5-1-12 Date well drilling completed: 5-1-12

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole Depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS. inches Setting depth: From 115 feet to 135 feet

Type of completion (circle all applicable):  
 Gravel packed  Underreamed  Telescoped  Open hole  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 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.

Bob Smith 0-645

[Signature]

Print name of Water Contractor and License No.

Signature of Water Well Contractor

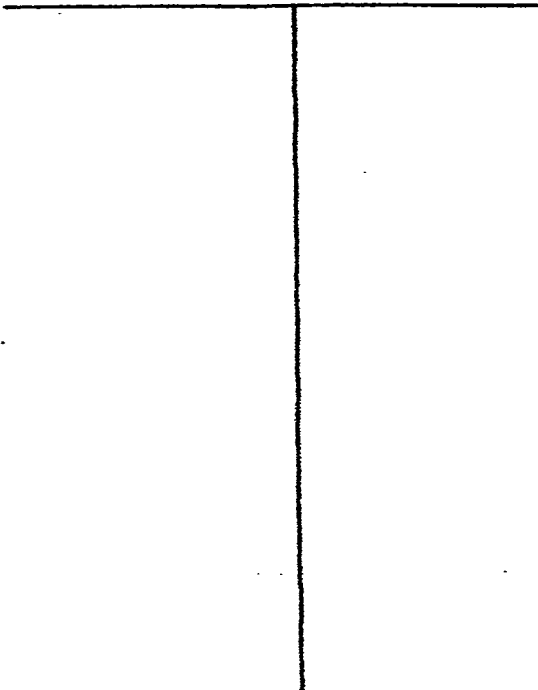
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BY: OLWR

G173

Ground Level

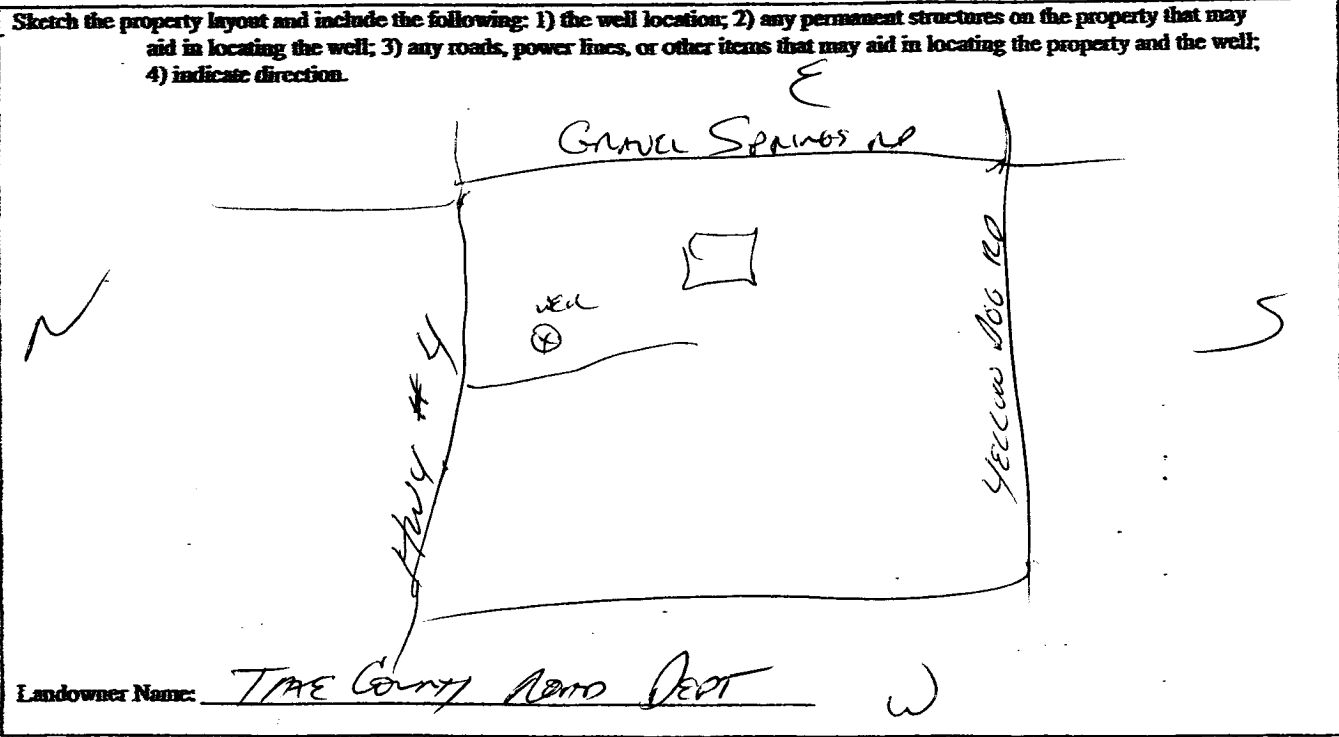


Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	27
WHITE CLAY	27	80
Grey CLAY	80	90
WHITE SAND CLAY	90	105
WHITE SAND	105	135

If more than one screen, show location of each on sketch



*[Handwritten Signature]*  
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 #: 6173

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

County: <u>TATE</u>
Permit #: _____
Driller: <u>Bob Smith</u>
Date completed: <u>5-1-12</u>

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>TATE County Norm Dept</u> Mailing Address: _____  <u>SEMIOTOLA, MS 38668</u> City State Zip Code Telephone No. <u>(665) 562-4647</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec H-36 Twn T55 Rng R7W</u> Distance _____ Direction _____ Nearest Town _____ <u>5 miles E of SEMIOTOLA</u>

Pump Type Circle one	Power Type Circle one
Air lift      Jet <u>Submersible</u> Bucket      Piston      Turbine Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>5-1-12</u> Rated Pump Capacity: <u>10</u> gallons per min	Diesel Engine      Gasoline Engine      Natural Gas <u>Electric Motor</u> Hand      Tractor PTO Windmill      Other(specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>110</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>5-1-12</u> Static Water Level(A): <u>90</u> feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>12</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	Air Line      Electric Measuring Line      Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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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