

# 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 #: H-130  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE

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

Driller: Bob Smith

Date drilling completed: 12-21-04

*Smith Well Drilling and Service*

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>Mark McAfee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rayon Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Rayon 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</u> Sec <u>I-6</u> Twn <u>T-55</u> Rng <u>R-6W</u>
Telephone No: <u>(601) 409-8236</u>	Distance _____ Miles <u>W</u> of <u>POCAHONTE</u>

**Well Data**

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

Date well drilling started: 12-21-04 Date well drilling completed: 12-21-04

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

Static Water Level: 110 feet above or  below (circle one) land surface Date measured: 12-21-04

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

Hole depth: 154 Well depth: 154 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 144 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 14 MESH inches Setting depth: From 144 feet to 154 feet

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

Robert C Smith 0-645  
Print Name of Water Well Contractor and License No

[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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

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

Well #: H-130

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

County: TATE

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

Driller: BOB SMITH

Date completed: 12-21-01

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>Mark McAfee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Payson rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey.
<u>Lawrence, 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</u> <u>1/4</u> Sec <u>I-6</u> Twn <u>T-5S</u> Rng <u>R-6W</u>
Telephone No: <u>901 409-8236</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>W</u> of <u>POAGVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Other (specify) _____	Tractor PTO <input type="checkbox"/>
Date Pump Installed: <u>12-21-01</u>	Hand <input type="checkbox"/>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Other (specify): _____
	Windmill <input type="checkbox"/>
	Horse Power Rating of Motor: <u>3/4</u>
	Setting Depth: <u>130</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-21-01</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>110</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown: ((B) - (A)): <u>5</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	For flowing well, measured shut in head: <u>0</u> feet
Duration of Pump Test (minimum 4 hours): _____ hours	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.

ROBERT C SMITH 0-645 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JAN 11 2005

BY: OLWR