

# 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 #:

L. S. Elevation:

E-log #:

County: Tate  
Permit #: GW-16226  
Driller: Barry Crook  
Date drilling completed: 05/12/06

H-137

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 School District</u>	Latitude: <u>34N ° 40 ' 02 "</u> Longitude: <u>89W 48 ' 34 "</u>
Mailing Address: <u>107 Court Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Senatobia</u> MS <u>38668</u>	<u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
City State Zip Code	<u>NW ¼ NW ¼</u> Sec <u>11</u> Twn <u>5S</u> Rng <u>6W</u>
Telephone No. ( <u>662</u> ) <u>562-5861</u>	Distance <u>2</u> Miles Direction <u>South</u> of Nearest Town <u>Independence</u>

### Well Data

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

Date well drilling started: 1-25-06 Date well drilling completed: 05/12/06

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 11' feet above or below (circle one) land surface Date measured: 05/08/06

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

Hole depth: 624' Well depth: 534' Well grouted to a depth of 465 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 465 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 6 inches Type of screen: Johnson

Screen slot size: .030 inches Setting depth: From 470 feet to 530 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 420 feet. If telescoped or more than one screen, describe on back of page

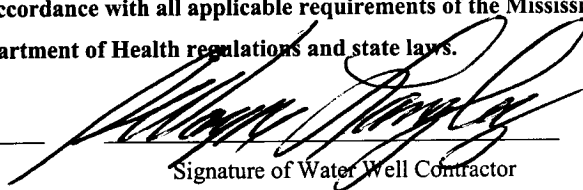
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): State of Mississippi

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.

P. Wayne Langley 0693

Print Name of Water Well Contractor and License No.

  
Signature of Water Well Contractor

RECEIVED

JUN 02 2006

BY: OLWR



RECEIVED

JUL 14 2006

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)

County: Tate  
 Permit #: GW-16226  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H-~~113~~ 137  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Tate County School District</u>	Latitude: <u>34°N40'02"</u> Longitude: <u>89°W 48'34"</u>
Mailing Address: <u>107 Court Street</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Senatobia MS 38668</u>	USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>11</u> T <u>5S</u> R <u>6W</u>
Telephone No. ( <u>662</u> ) <u>562-5861</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>S</u> of <u>Independence</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6/15/06</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/30/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>11</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>17</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded <u>150</u> GPM with a drawdown of
Test Pumping Rate: <u>150</u> Gallons Per Minute	<u>6</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

P. WAYNE LANGLEY 0693  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer