

# 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 #: K-21  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 11-14-06

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>Dennis Pouch</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1137 MERRY HILL</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>LANCAST RD</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>SENATOBIA MS 38668</u>	<u>1/4</u> <u>1/4</u> Sec. <u>K-5</u> Twn <u>T6S</u> Rng <u>R9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 562-7627</u>	<u>2</u> Miles <u>3/4 W</u> of <u>STANTON</u>

**Well Data**

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

Date well drilling started: 11-14-06 Date well drilling completed: 11-15-06

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 11-17-06

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

Hole depth: 340 Well depth: 340 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10 TAPS inches Setting depth: From 300 feet to 340 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.

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

[Signature]  
 Signature of Water Well Contractor

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 DEC 05 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-21  
 Elevation: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 11-17-06

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>DENNIS PAUCK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1137 MERRY HILL - Lynch rd Seminola MS 38668</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>K5</u> Twn <u>T6S</u> Rng <u>R9W</u>
Telephone No. <u>662 562-7627</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2</u> Miles <u>S/W</u> of <u>STRAVHORN</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>1/2</u>
Date Pump Installed: <u>11-17-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-17-06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>46</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>13</u> GPM with a drawdown of
Test Pumping Rate: <u>13</u> Gallons Per Minute	<u>4</u> feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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)

Tal H...  
 Signature of Pump Installer

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 DEC 05 2006  
 BY: OLWR