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# 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 #: M-34  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: TATE 137  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date drilling completed: 9-10-04

*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>LYNN PATTERSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>119 TALL OAKS DR.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>SENATUBIA</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>MS. 38668</u>	_____ 1/4 _____ 1/4 Sec <u>M-9</u> Twn <u>T65</u> Rng <u>R7W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: _____ of Nearest Town: <u>SENATUBIA</u>
Telephone No. <u>901 268-5368</u>	

**Well Data**

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

Date well drilling started: 9-10-04 Date well drilling completed: 9-10-04

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

Static Water Level: 78' feet above or below (circle one) land surface Date measured: 9-10-04

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

Hole depth: 190 Well depth: 190 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/4" x 1/8" inches Setting depth: From 170 feet to 190 feet

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

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

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**OCT 07 2004**  
**BY: OLWR**

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



# 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 #: M-34

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

County: TATE

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

Driller: BOB Smart

Date completed: 9/10/04

**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>LYNN PATTERSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>119 TRL OAK DR</u> <u>SENAUBIA</u> <u>MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>M-9</u> Twn <u>T6S</u> Rng <u>R7W</u>
Telephone No. <u>(901) 268-5368</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4</u> Miles <u>S</u> of <u>SENAUBIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-10-04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-04</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>78</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>83</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>26</u> GPM with a drawdown of
Test Pumping Rate: <u>26</u> Gallons Per Minute	<u>5</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.

ROBERT C Smart 0-645  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer