

# State Well Report Part I

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P. O. Box 10631  
Jackson, MS 39288-0631  
(601)961-5280  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well # M-35  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling completed: 1-21-05

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>LINDSE FIELDS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SPRINGFIELD RD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>SEMOBIA, MS 38668</u>	W. _____ W. Sec. <u>13</u> Twn. <u>6S</u> Rng. <u>7W</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Miles Direction _____ of _____ Nearest Town: _____
Telephone No: <u>662 562-6880</u>	

**Well Data**

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

Date well drilling started: 1-21-05 Date well drilling completed: 1-21-05

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 1-22-05

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

Hole depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 147005 inches Setting depth: From 135 feet to 155 feet

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

Other (describe): WASHED SAND

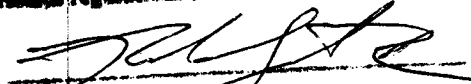
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page.

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

  
Signature of Water Well Contractor

**RECEIVED**  
FEB 10 2005  
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 39288-0631  
 (601)961-5280  
 (601)334-6938 (fax)

For Office Use Only:

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

Well #: M-35

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

County: Tipton

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

Driller: Bob Smith

Date completed: 1-22-05

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

Owner Name: LINDA FARMER

Mailing Address: SPRINGFIELD MO

SEAFORD MS 38668  
 City State Zip Code

Telephone No: 662 562-6880

Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one):  Conventional Survey,  USGS quad,  Hand-held GPS,  Survey-grade GPS

Sec M-13 Twn T-65 Rng R-2W

Distance Direction Nearest Town  
3 Miles S of NEW TOWN

Pump Type  
Circle one

Air Lift  Piston  Turbine  Flowing Well

Bucket  Rotary

Centrifugal

Other (specify): \_\_\_\_\_

Date Pump Installed: 1-22-05

Rated Pump Capacity: 50 Gallons Per Minute

Power Type  
Circle one

Diesel Engine  Gasoline Engine  Natural Gas

Electric Motor  Hand  Tractor PTO

Windmill  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 3

Setting Depth: 60' feet

Number of Stages: 17

Pump Test Data

Date Well Tested: 1-22-05

Static Water Level (A): 30 Feet Below Land Surface

Pumping Water Level (B): 37 Feet Below Land Surface

Drawdown ((B) - (A)): 7 Feet Below Land Surface

Test Pumping Rate: 72 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Method of Measuring Water Level  
Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head \_\_\_\_\_ feet

Well yielded 72 GPM with a drawdown of 7 feet after \_\_\_\_\_ hours of pumping

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

Bob Smith 0-645  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

RECEIVED  
 FEB 10 2005  
 BY: OLWR