610

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)

County: TATE
Permit #:
Driller: BOB SMITH
Date drilling completed: 7-4-05

For Office Use Only:
Aquifer:
Well #: M-38
L. S. Elevation:
E-log #:

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

Owner Name: MACKEY MOORE
Mailing Address: 07 TRC OAKS DR.
SENATOBIA, MS 38668
City State Zip Code
Telephone No. (662) 562-6299

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec M-9 Twn T6S Rng R7W
Distance 3 Miles S/E of SENATOBIA (Nearest Town)

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 7-4-05 Date well drilling completed: 7-4-05
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 55 feet above or (below) (circle one) land surface Date measured: 7-4-05
Method of Measurement (circle one) steel tape (electric tape) air line other:
Hole depth: 147 Well depth: 147 Well grouted to a depth of 10 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 137 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 THOUS inches Setting depth: From 137 feet to 147 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 of Water Well Contractor

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AUG 04 2005
BY: OLWR

M - 38

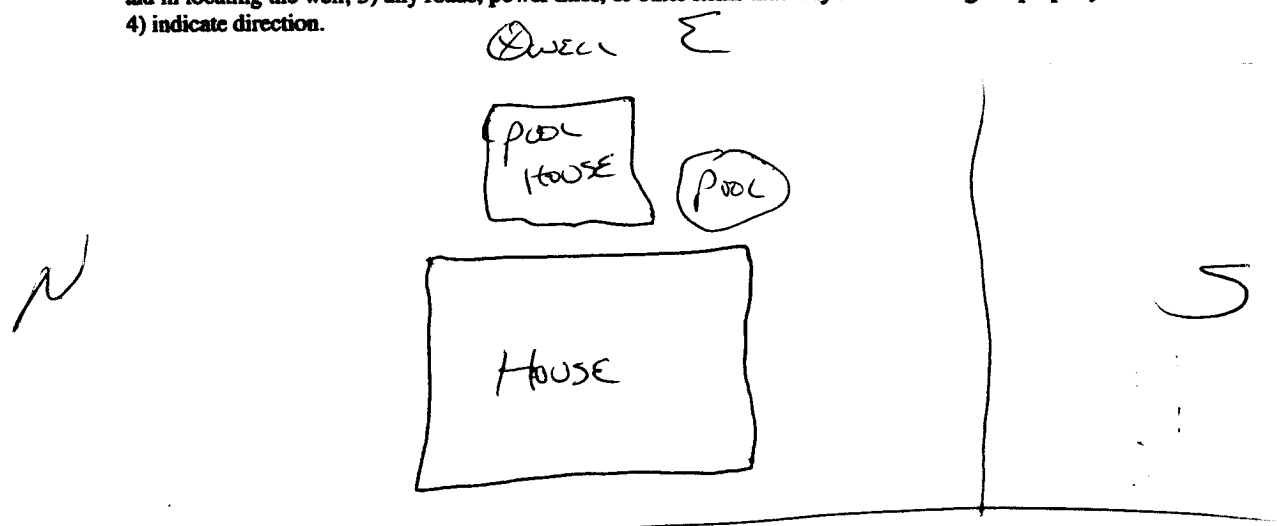
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	10
GRAVEL	10	30
WHITE CLAY	30	83
WHITE SAND + CLAY	83	105
WHITE SAND	105	149

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: MACKEY MOORE

Signature of Water Well Contractor

RECEIVED
AUG 0 4 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 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: TATE
Permit #:
Driller: BOB SMITH
Date completed: 7-4-05

For Office Use Only:
Aquifer:
Well #: M-38
Elevation:

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: MACKEY MOORE
Mailing Address: 107 TALL OAKS DRIVE
SENATOBIA MS 38668
City State Zip Code
Telephone No. (662) 562-6299

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec M-9 Twn T65 Rng R7W
Distance 3 Miles Direction S/E of Nearest Town SENATOBIA

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 7-4-05
Rated Pump Capacity: 20 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: 1½ HP
Setting Depth: 80 feet
Number of Stages: 14

Pump Test Data

Date Well Tested: 7-4-05
Static Water Level (A): 55 Feet Below Land Surface
Pumping Water Level (B): 61 Feet Below Land Surface
Drawdown [(B) – (A)]: 6 Feet Below Land Surface
Test Pumping Rate: 27 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 27 GPM with a drawdown of 6 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 of Pump Installer