

# 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-57  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

County: ITTE  
 Permit #: \_\_\_\_\_  
 Driller: ROB SMITH  
 Date drilling completed: 9-24-07

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>TOM MARTIN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1178 LRL RD</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>SEMATOBUA MS 38668</u>	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 Sec. <u>N6</u> Twp <u>T6</u> Rng <u>R7W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>SW</u> of Nearest Town: <u>SEMATOBUA</u>
Telephone No. <u>(901) 246-2001</u>	

**Well Data**

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

Date well drilling started: 9-24-07 Date well drilling completed: 9-24-07

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

Static Water Level: 70 feet above  below (circle one) land surface Date measured: 9-24-07

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

Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/32nds inches Setting depth: From 120 feet to 130 feet

Type of completion (circle all applicable):  Gravel packed  Unscreened  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 this 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.

Rob Smith 0645 [Signature]  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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M-57

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
Top Soil	0	5
Brown Clay	5	19
Gravel	19	78
White Clay & Sand	78	110
White Sand	110	130

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.

W

N

S

Well

E

Landowner Name: Tom Martin

*[Signature]*  
 Signature of Water Well Contractor

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 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 #: M-57

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

County: JATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 9-24-07

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>Tom Martin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1178 LRD RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Senatobia MS 38668</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 16 Twn 76S Rng 27W</u>
Telephone No. <u>901 246-2001</u>	Distance Direction Nearest Town
	<u>3 Miles S/W of SENATOBIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-24-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-24-07</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>73</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>3</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)

[Signature]  
 Signature of Pump Installer

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 BY OLWR