

# State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225

For Office Use Only

Aquifer: M62  
Well #: \_\_\_\_\_  
L.S. Elevation: \_\_\_\_\_  
E-Long #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 5-16-10

State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Matt Prochaska</u>	Latitude: <u>34.3344</u> "Longitude: <u>89.5531</u> "
Mailing Address: <u>108 Bonotance Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SENATORIA, MS 38668</u>	<u>SE 1/4 NW 1/4 Sec 15 Twn 16S Rng 17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 689-0410</u>	<u>4</u> Miles <u>S/E</u> of <u>SENATORIA</u>

**Well Data**

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

Date well drilling started: 5-16-10 Date well drilling completed: 5-16-10

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-16-10

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole Depth: 165 Well depth: 165 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13 THOUS inches Setting depth: From 145 feet to 165 feet

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

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

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of oorganization running log(s): \_\_\_\_\_

I certify that the well 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 Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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JUN 03 2010  
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 2309  
Jackson, MS 39225

m62  
For Office Use Only

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

Well #: \_\_\_\_\_

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

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>5-16-10</u>

**This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.**

Well Owner Information	Well Location
Owner Name: <u>MATT PROCKASKA</u> Mailing Address: <u>108 COMO TRAIL</u> <u>SENTOBIA, MS 38668</u> City State Zip Code Telephone No. <u>662 689-0410</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 11-15 Twn 76S Rng R7W</u> Distance Direction Nearest Town <u>4</u> miles <u>S/E</u> of <u>SENTOBIA</u>

Pump Type	Power Type
Circle one Air lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-16-10</u> Rated Pump Capacity: <u>10</u> gallons per min	Circle one Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other(specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>60</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5-16-10</u> Static Water Level(A): <u>40</u> feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>16</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	circle one Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>16</u> GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>BOB SMITH 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer

**RECEIVED**

JUN 3 2010

BY: OLWR