

# 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 #: B-67  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Itasca

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

Driller: Delta Drilling Itasca

Date drilling completed: 5-24-06

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>T.E. Sundell</u>	Latitude: <u>34° 49' 48"</u> Longitude: <u>90° 13' 20"</u>
Mailing Address: <u>2820 Banks Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Robinsonville</u> <u>MS</u> <u>38664</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec. <u>14</u> Twn <u>35</u> Rng <u>10W</u>
Telephone No. <u>(901) 497-7792</u>	Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Robinsonville on 304</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replace Bad well

Date well drilling started: 5-24 Date well drilling completed: 5-24-

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 5-26-06

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0032 inches Setting depth: From 55 feet to 95 feet

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

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

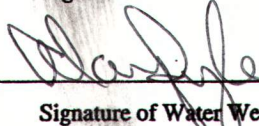
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: W/S AVL

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.

ALAN PYLE 0674



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

replacement for GW02545

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If well telescopes please sketch below and show depths.

B 67

Ground Level

Description of Formations Encountered	From	To
Gravel + Sand	0	48
Sand	48	55
Coarse Sand	55	95
Gravel	95	110

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.

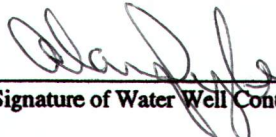
RR

304

well

Big 6 Duct

Landowner Name: T.E. Sundell

  
 Signature of Water Well Contractor

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# 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 #: BL7

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

County: Tunica  
 Permit #: \_\_\_\_\_  
 Driller: Debbi Dally Tunica  
 Date completed: ~~10/10/06~~

**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>TE Swindell</u>	Latitude: <u>34 49 480</u> Longitude: <u>89 13 21</u>
Mailing Address: _____ <u>Same as Part 1</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 SE 1/4 Sec 14 Twn 35 Rng 10W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>5 Miles E of Robinsonville ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible Bucket                      Piston <u>Turbine</u> Centrifugal                      Rotary                      Flowing Well Other (specify): _____	Diesel Engine                      Gasoline Engine                      Natural Gas <u>Electric Motor</u> Hand                      Tractor PTO Windmill                      Other (specify): _____ Horse Power Rating of Motor: <u>60 H.P.</u> Setting Depth: <u>50</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>Pump to be set later</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line                      Steel-Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

ALAN DYLE                      Alan Dyle  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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 JUN 02 2006  
 BY: OLWR