

# 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 #: L-45  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Walthall  
Well ID: \_\_\_\_\_  
Driller: J.C. Sumrall  
Date drilling completed: 11/30/06

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>RONALD LOTT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>64 Shavel Pit Rd</u> <u>Spady Hook, MS. 39478</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec. <u>27</u> Twn. <u>1N</u> Rng. <u>13E</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ <u>9</u> Miles <u>ESE</u> of <u>Tylertown</u>

Well Data

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

Date well drilling started: 11/30/06 Date well drilling completed: 11/30/06

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 11/30/06

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 160 feet to 170 feet

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

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

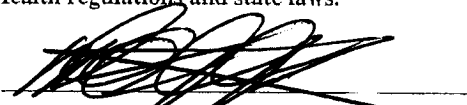
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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

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.

Jordan Well Ser. 0-508  
Print Name of Water Well Contractor and License No.

  
Signature of Water Well Contractor

RECEIVED  
DEC 15 2006  
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 #: L-45  
 Elevation: \_\_\_\_\_

County: WAITHALL  
 Permit #: \_\_\_\_\_  
 Dater: J.C. Sumrall  
 Date completed: 11/30/06

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>Ronald Lott</u> Mailing Address: <u>64 Gravel Pit Rd</u> <u>Sandy Hook, MS 39478</u> City: _____ State: _____ Zip Code: _____ Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>1</u> Rng <u>13</u> Distance _____ Direction _____ Nearest Town _____ <u>9</u> Miles <u>ESE</u> of <u>Tylertown</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u> Bucket      Piston      Turbine 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>1</u> Setting Depth: <u>160</u> feet Number of Stages: <u>15</u>
Date Pump Installed: <u>11/30/06</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/30/06</u> Static Water Level (A): <u>120</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line      Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>10</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping

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

Jordan Well Serv. 0-508  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

RECEIVED  
 DEC 15 2006  
 BY: OLWR