

# State Well Report

## Part 1 - Driller's Log

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: Attala  
Permit #: MS-GW-16102  
Driller: Herndon Well & Supply  
Date drilling completed: 12/24/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-24  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

**State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.**

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Town of McCool</u>	Latitude: <u>33° 15' 19"</u> Longitude: <u>89° 19' 52"</u>
Mailing Address: <u>PO Box 115</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS _____
<u>McCool</u> <u>MS</u> <u>39108</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 13</u> Twn <u>16N</u> Rng <u>9E</u>
Telephone No. ( ) _____	Distance <u>3</u> Miles Direction <u>NE</u> of Nearest Town <u>McCool</u> <u>Inside city limits</u>

**Well / Borehole Data**

Date drilling started: \_\_\_\_\_ Date drilling completed: \_\_\_\_\_ Hole depth: 753' Hole diameter: 15"

Location of the source of any surface water used for drilling: City water

Method of dosing and volume of Chlorine used in drilling and development: granular 50 #s

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

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

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 140 feet above or  below (circle one) land surface Date measured: 12/24/09

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

Well depth: 646' Well grouted to a depth of 582 feet Type of grout (circle one)  Neat Cement \_\_\_\_\_ Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 582 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 61 feet Screen diameter: 6 inches Type of screen: Stainless

Screen slot size: .020 inches Setting depth: From 585 feet to 646 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: 521 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A  
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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)

County: Attala  
 Permit #: \_\_\_\_\_  
 Driller: Herndon Well & Supply  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-24  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Town of McGool</u>	Latitude: <u>331519 N</u> Longitude: <u>891952 W</u>
Mailing Address: <u>PO Box 115</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>McGool</u> <u>MS</u> <u>39108</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> T <u>16N</u> R <u>9E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	_____ Miles of _____
	<u>Inside City Limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <input checked="" type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: _____	Setting Depth: <u>205'</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/20-21/04</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>168</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>28</u> Feet Below Land Surface	Well yielded <u>250</u> GPM with a drawdown of
Test Pumping Rate: <u>250</u> Gallons Per Minute	<u>28</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Ricky Herndon      0-587  
 Print Name of Pump Installer and License No. (if applicable)

Ricky Herndon  
 Signature of Pump Installer

**RECEIVED**  
 Form: OLWR-SWR-1B  
 FEB 07 2006  
 BY: OLWR

