

# 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)

For Office Use Only:

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

County: BENTON  
Permit #: 565  
Driller: Wilson Wain  
Date drilling completed: 11/25/09

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>L. J. WALDRIP</u>	Latitude: <u>34° 24' 25"</u> Longitude: <u>89° 05' 58"</u>
Mailing Address: <u>9050 HUNTERS RUN</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>OLIVE BRANCH</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>MISSISSIPPI</u> <u>38654</u>	<u>NW 1/4 NW 1/4 Sec. 3 - T25N R2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 895-8197</u>	<u>2</u> Miles <u>EAST</u> of <u>CANNAH</u>

**Well / Borehole Data**

Date drilling started: 11/24/09 Date drilling completed: 11/25/09 Hole depth: 590' Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM - DIRECT

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: 135 feet above or below (circle one) land surface Date measured: 11/25/09

Method of Measurement (circle one) steel tape electric tape air line other: PVC PIPE

Well depth: 590' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 550 feet Casing diameter: 4 inches Type of casing: PVC PLASTIC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC PLASTIC

Screen slot size: .010 inches Setting depth: From 550 feet to 590 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: NA feet. *If telescoped or more than one screen, describe on next page*



# 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: BENTON  
 Permit #: 565  
 Driller: Wesley Dew  
 Date completed: 11/25/09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: F45  
 Well #: \_\_\_\_\_  
 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>L. J. Wadraip</u>	Latitude: <u>34.94251</u> Longitude: <u>89.08398</u>
Mailing Address: <u>9050 HUNTERS RUN</u>	<u>34-56-33</u> <u>89-05-02</u>
<u>OLIVE BRANCH</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>MISSISSIPPI</u> <u>38654</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec. 03 T. 2S R. 2E</u>
Telephone No. <u>(662) 895-8197</u>	Distance Direction Nearest Town
	<u>2 Miles EAST of CANAAN</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>11/27/09</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>12-14</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/27/09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): <u>PVC PLASTIC PIPE</u>
Pumping Water Level (B): <u>300</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>165</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12-14</u> 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.

Rodney D Wilson 565 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer