

# State Well Report

## Part I

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 #: N-24  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Benton  
Permit #: \_\_\_\_\_  
Driller: Medlin  
Date drilling completed: 8-19-05

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>Kevin Staggis</u>         | Latitude: <u>NA</u> Longitude: <u>NA</u>                                                            |
| Mailing Address: <u>Potts Camp MS</u>    | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>5-S</u> Rng <u>1-W</u>                                   |
| Telephone No: <u>662-333-9084</u>        | Distance: <u>1</u> Miles Direction: <u>S.W.</u> Nearest Town: <u>Winborn Community</u>              |

### Well Data

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

Date well drilling started: 8-2-05 Date well drilling completed: 8-19-05

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 8-17-05

Method of Measurement (circle one) steel tape electric tape air line other: Nylon Cord & Weight

Hole depth: 760 Well depth: 760 Well grouted to a depth of 22 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 4" inches Type of casing: Sch 40 P.V.C

Screen length: 60 feet Screen diameter: 2" inches Type of screen: Sch 40 PVC

Screen slot size: 013 inches Setting depth: From 700 feet to 760 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.

RONNIE MEDLIN 0-429

Ronnie Medlin

Print Name of Water Well Contractor and License No.

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)

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: Medlin  
 Date completed: 8-19-05  
*Copy information from block on Part 1*

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-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>Kevin Stagg</u>         | Latitude: <u>NA</u> Longitude: <u>NA</u>                                                                                                                     |
| Mailing Address: <u>PO Box Camp MS</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____<br><u>26</u> <u>S-S</u> <u>R-1-W</u> |
| City _____ State _____ Zip Code _____  | Distance _____ Direction _____ Nearest Town _____<br><u>1</u> Miles <u>S.W.</u> of <u>Winborn Co.M.</u>                                                      |
| Telephone No: <u>662 333-9084</u>      |                                                                                                                                                              |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                                    |
|---------------------------------------------------|-------------------------------------------------------------|
| Air Lift _____ Jet _____ <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</u>                       |
| Date Pump Installed: <u>8-17-05</u>               | Setting Depth: <u>180</u> feet                              |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>12</u>                                 |

| Pump Test Data                                                    | Method of Measuring Water Level<br>Circle one                                     |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date Well Tested: <u>8-17-05</u>                                  | Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>                    |
| Static Water Level (A): <u>140</u> Feet <u>Below</u> Land Surface | Other (specify): <u>Nylon Cord of weight</u>                                      |
| Pumping Water Level (B): <u>145</u> Feet Below Land Surface       | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B)-(A)]: <u>5</u> Feet Below Land Surface              | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>12</u> Gallons Per Minute                   |                                                                                   |
| Duration of Pump Test (minimum 4 hours): <u>7</u> hours           |                                                                                   |

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

KONNIE MEDLIN 0429 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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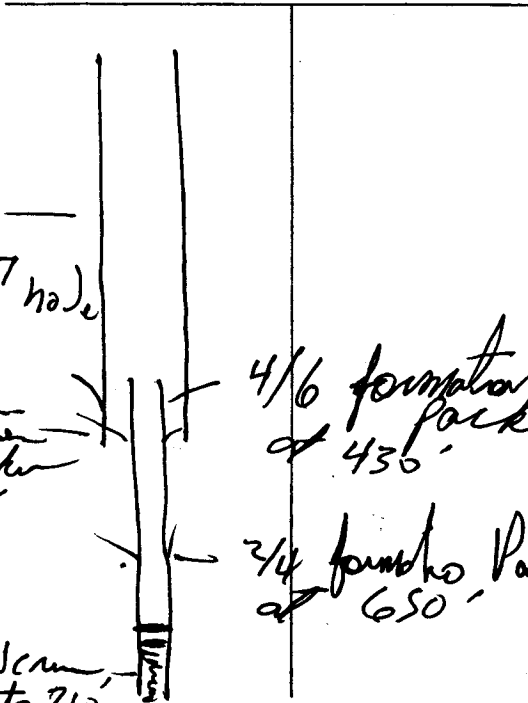
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N-24

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Top Soil, Red Clay                    | 0    | 160 |
| Sand, white clay                      |      |     |
| Rock mix                              | 160  | 260 |
| Shell rock, clay mix                  | 260  | 380 |
| Soft blue clay                        | 380  | 500 |
| Shell rock, clay                      | 500  | 620 |
| Gravel sand                           | 620  | 760 |
| Shell rock mix                        |      |     |

430'  
4" casing  
in 6 1/2 hole

2/4" formation  
Packer  
420'

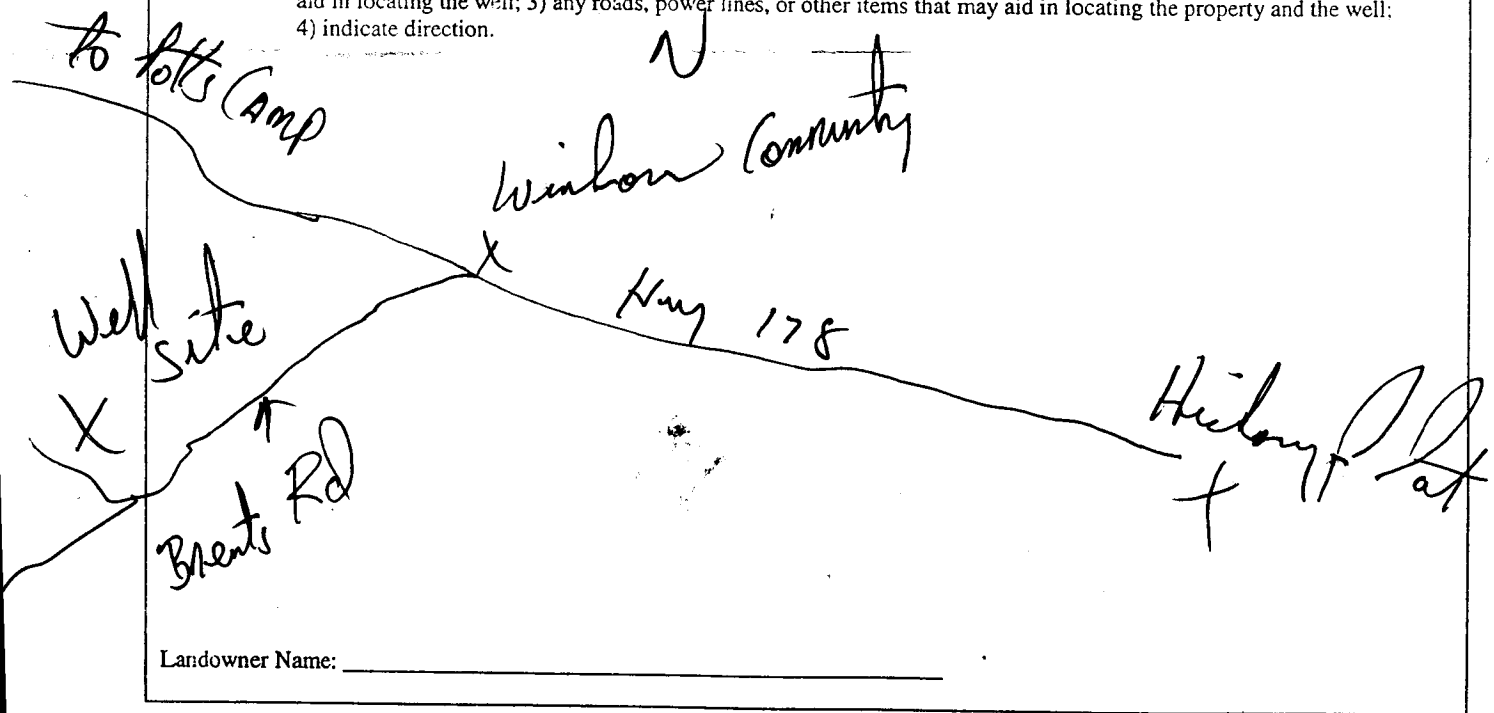
4/6 formation  
Packer  
at 430'

2/4" formation Packer  
at 650'

60' 2" Screen,  
700' to 760'

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.



Roni Miller 0.429  
Signature of Water Well Contractor

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