

# 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: Benton  
Permit #: MS-GW-16262  
Driller: Donald Smith Co.  
Date drilling completed: 3/28/08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N-26  
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Town of Potts Camp</u>	Latitude: <u>34° 38' 45" N</u> Longitude: <u>89° 15' 49" S</u>
Mailing Address: <u>17 S Center St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Potts Camp, MS 38659</u> City State Zip Code	<u>SE 1/4 1/4 Sec 14 Twn 5S Rng 1W</u>
Telephone No. <u>(664) 333-7285</u>	Distance <u>5</u> Miles Direction <u>NE</u> of Nearest Town <u>Potts Camp</u>

**Well / Borehole Data**

Date drilling started: 1/08/08 Date drilling completed: 3/28/08 Hole depth: 903 Hole diameter: 24"

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: Potable water used

Logs run (circle all applicable): No log run (Electric) (Gamma Ray) Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): MS Office of Geology

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: 169 feet above or (below) (circle one) land surface Date measured: 3/24/08

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

Well depth: 835' Well grouted to a depth of 135 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 735 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 8" inches Type of screen: Stainless

Screen slot size: .020 inches Setting depth: From 805' feet to 840' feet to 780' 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: 680 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A  
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# STATE WELL REPORT

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: Donald Smith Co.  
 Date completed: 10/01/08  
*Copy information from block on Part 1*

**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 #: N-26  
 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 Potts Camp</u>	Latitude: <u>34 38 45 N</u> Longitude: <u>89 15 49 S</u>
Mailing Address: <u>17 S Center St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Potts Camp, MS 38659</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City                      State                      Zip Code	_____ 1/4 _____ 1/4 Sec <u>14</u> T <u>55</u> R <u>1W</u>
Telephone No. <u>(662) 333-7285</u>	Distance                      Direction                      Nearest Town
	<u>5</u> Miles <u>NE</u> of <u>Potts Camp</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>50</u>
Date Pump Installed: <u>07/16/08</u>	Setting Depth: <u>362</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/23-24/2008</u>	<input checked="" type="radio"/> Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>169</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>321</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>155</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>300</u> Gallons Per Minute	
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.

Donald E Smith 0-767                      Donald E Smith A1  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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Form: OLWR-SWR-1B

OCT 20 2008

**BY: OLWR**