

# 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 #: A-109  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Belivar  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 6-10-07

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>Dorothy Grady</u>     | Latitude: <u>34° 01' 41" N</u> Longitude: <u>090° 45' 98" W</u>               |
| Mailing Address: <u>P.O. Box 648</u> | Method of Lat/Long (circle one): Conventional Survey, <u>28</u>               |
| <u>Shelby</u> MS <u>38774</u>        | USGS quad <u>Hand-held GPS</u> Survey-grade GPS                               |
| City State Zip Code                  | <u>NE 1/4 SE 1/4 Sec 24 Twn 25 N Rng 6 W</u>                                  |
| Telephone No. <u>(601) 398-7044</u>  | Distance <u>2 1/2</u> Miles Direction <u>SW</u> of Nearest Town <u>Duncan</u> |

**Well Data**

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

Date well drilling started: 6-10-07 Date well drilling completed: 6-10-07

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

Static Water Level: 28 feet above or **below** (circle one) land surface Date measured: 6-13-07

Method of Measurement (circle one) steel tape  electric tape  air line  other: Rope weight

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  **Bentonite**  Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

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

Screen slot size: .016 inches Setting depth: From 60 feet to 100 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: 0 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.

Willie L. Bryant 0-0639  
Print Name of Water Well Contractor and License No.

Willie L. Bryant  
Signature of Water Well Contractor

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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)

County: Belivar  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 6

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-109  
 Elevation: \_\_\_\_\_

**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>Dorothy Grady</u>                     | Latitude: <u>34° 01.47' N</u> Longitude: <u>090° 45.98' W</u>                    |
| Mailing Address: <u>P.O. Box 648</u>                 | Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Survey-grade GPS         |
| <u>Shelby</u> MS <u>38774</u><br>City State Zip Code | USGS quad. <u>24</u> Twn <u>25N</u> Rng <u>6W</u>                                |
| Telephone No. <u>(662) 398-7044</u>                  | Distance Direction Nearest Town<br><u>2 1/2</u> Miles <u>SW</u> of <u>Duncan</u> |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>5</u>                                   |
| Date Pump Installed: <u>6-13-07</u>                              | Setting Depth: <u>70'</u> feet  |
| Rated Pump Capacity: <u>90</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>6-14-07</u>                            | Air Line Electric Measuring Line Steel Tape         |
| Static Water Level (A): <u>28'</u> Feet Below Land Surface  | Other (specify): <u>Rope &amp; weight</u>           |
| Pumping Water Level (B): <u>32'</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>4'</u> Feet Below Land Surface     | Well yielded <u>110</u> GPM with a drawdown of      |
| Test Pumping Rate: <u>110</u> Gallons Per Minute            | <u>4</u> feet after <u>4</u> hours of pumping       |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours     |   |

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

Willie L. Bryant 0-0639 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUL 03 2007

BY: OLWR