

# 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 #: X-700  
L.S. Elevation: F268  
E-Log #: \_\_\_\_\_

County: BOLIVAR  
Permit #: \_\_\_\_\_  
Driller: SIDNEY COOK  
Date drilling completed: 5/13/05

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

Owner Name: C. A. RUSSELL  
Mailing Address: 883 BEULAH RD

BEULAH MS 38729  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

Well Location  
Latitude: 48 N 33° 46.122' Longitude: W 90° 54.85'  
Method of Lat/Long (circle one): 07 Conventional Survey, 49 Survey-grade GPS  
USGS quad, Hand-held GPS  
NE 1/4 NW 1/4 Sec 34 Twn 23N Rng 7W  
SE  
Distance 4 Miles Direction W of Nearest Town PACE

### Well Data

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

Date well drilling started: 5/13/05 Date well drilling completed: 5/13/05

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 5/13/05

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

Hole depth: 119 Well depth: 119 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing Length: 79 feet Casing diameter: 16 inches Type of casing: PVC

Screen Length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 0 feet to 119 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 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.

Sidney Cook #0-289  
Print Name of Water Well Contractor and License No.

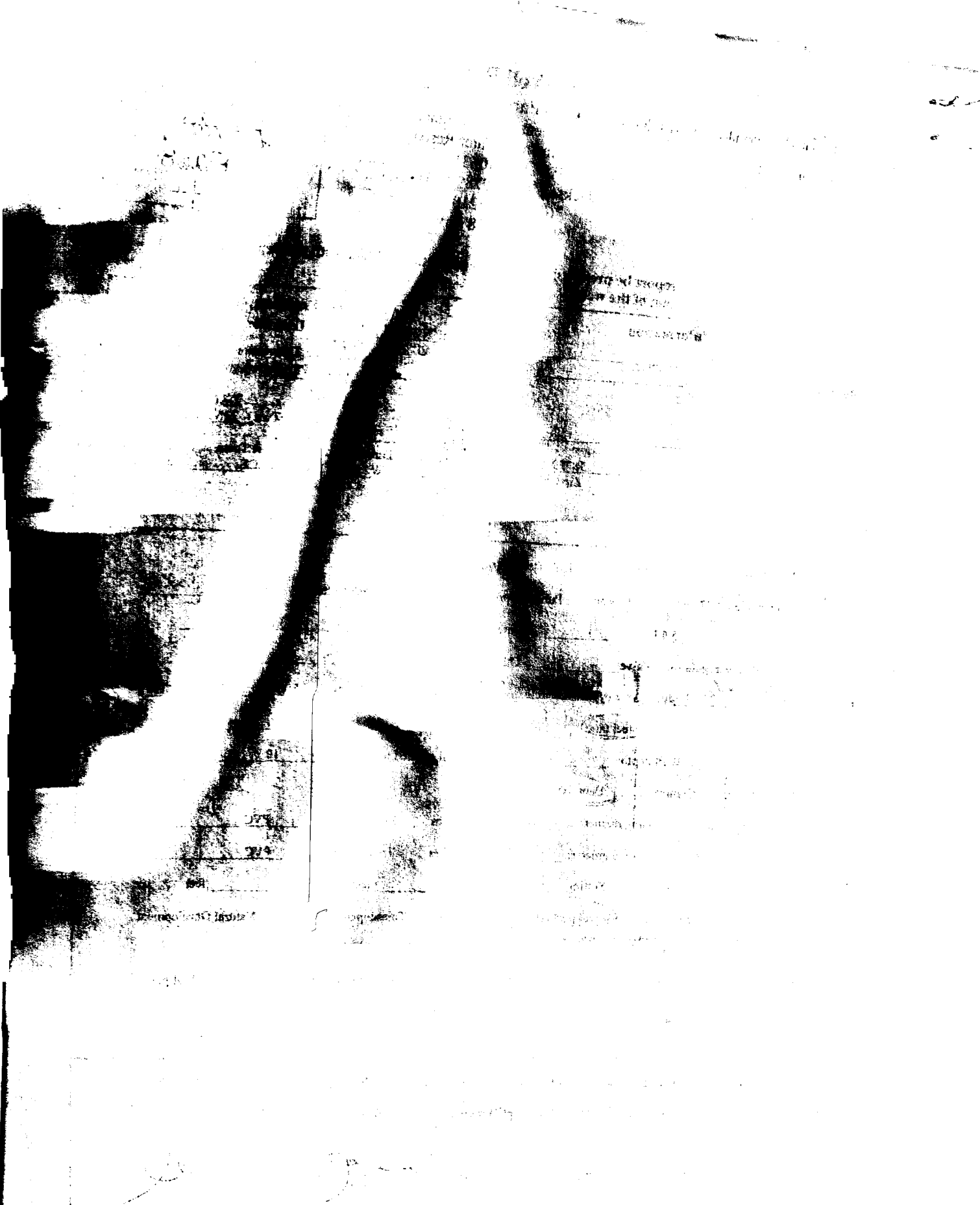
  
Signature of Water Well Contractor

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MAY 20 2005

BY: OLW

VIBRA  
MAY 1958





# 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: BOLIVAR  
 Permit #: \_\_\_\_\_  
 Driller: SIDNEY COOK  
 Date completed: 5/16/05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-100  
 Elevation: F268

**This report should be prepared by the pump installer in detail and filed with Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name <u>C. A. RUSSELL</u>	Latitude: <u>N 33° 40.122'</u> Longitude: <u>W 90° 54.825'</u>
Mailing Address: <u>883 BEULAH RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>BEULAH</u> MS <u>38729</u> City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>34</u> Twn <u>22N</u> Rng <u>7W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>PACE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u> HP
Date Pump Installed: <u>5/16/05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

Matt Stephens #0-743P  
 Print Name of Pump Installer and License No. (if applicable)

Matt Stephens  
 Signature of Pump Installer

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MAY 20 2005

BY: OLWR