

### State Well Report Part I - 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: Calhoun  
 Permit #: MS-6W-16798  
 Driller: \_\_\_\_\_  
 Date drilling completed: \_\_\_\_\_

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L13  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Joe Edmondson</u>	Latitude: <u>33° 50' 42"</u> Longitude: <u>89° 10' 22"</u>
Mailing Address: <u>25 CR 472</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>VARDAMAN</u> MS. <u>38878</u>	<u>NE 1/4 SE 1/4 Sec 22</u> Twn <u>14S</u> Rng <u>1E</u>
City State Zip Code	Distance <u>2</u> Miles Direction <u>S</u> of Nearest Town <u>VARDAMAN</u>
Telephone No. <u>(662) 983-8354</u>	

**Well / Borehole Data**

Date drilling started: 5-24-10 Date drilling completed: 7-6-10 Hole depth: 1670 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: Community  
 Method of dosing and volume of Chlorine used in drilling and development: 50 ppm

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: 139' feet above below (circle one) land surface Date measured: 7-13-10

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

Well depth: 1660 Well grouted to a depth of 510 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 510 feet Casing diameter: 8" inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 4" inches Type of screen: STAINLESS

Screen slot size: .013 inches Setting depth: From 1660 feet to 1620 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: 412 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: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: L13  
 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>Joe Edmondson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>25 CR 472</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>VAADMAN Ms. 38878</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>22 T14S R1E</u>
Telephone No. <u>662 983-8354</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>S</u> of <u>VAADMAN, MS.</u>

Pump Type Circle one	Power Type 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>20</u>
Date Pump Installed: <u>7-14-10</u>	Setting Depth: <u>252</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-16-10</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>139</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>245</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>106</u> Feet Below Land Surface	Well yielded <u>140</u> GPM with a drawdown of
Test Pumping Rate: <u>140</u> Gallons Per Minute	<u>106</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.

Robert E. Ratliff 0-002 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer