

# 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 #: M-78 23

L. S. Elevation: \_\_\_\_\_

E-Lot #: \_\_\_\_\_

County: CLARKE  
Permit #: GW15958  
Driller: LAYNE-CENTRAL  
Date Drilling Completed: 4/23/04

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>HARMONY WATER ASSOCIATION</u>	Latitude: <u>N31° 59' 268"</u> Longitude: <u>W088° 46' 883"</u>
Mailing Address: <u>PO BOX 342</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>QUITMAN, MS 39355</u>	USGS quad, <u>Hand-Held GPS.</u> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 29 Twn 2N Rng 15E</u>
Telephone No. ( <u>601</u> ) <u>776-2593</u>	Distance Direction Nearest Town
	<u>Miles SOUTHWEST of QUITMAN</u>

Well Data	
Purpose of Well (circle one) Home Industrial <u>Public Supply</u> Irrigation Fish Culture Other: <u>-</u>	
Date well drilling started: <u>1/16/04</u>	Date well drilling completed: <u>4/23/04</u>
If flowing, method of flow regulation: Valve <u>-</u> Other (describe) <u>-</u>	
Static Water Level: <u>58.32</u> feet <u>above</u> or below (circle one) land surface	Date Measured: <u>4/30/04</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line Other: <u>-</u>	
Hole depth: <u>2125'</u>	Well depth: <u>2035'</u> Well grouted to a depth of <u>1955</u> feet
Type of grout (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>270 &amp; 1700</u> feet	Casing diameter: <u>16 13/16</u> inches Type of casing: <u>STEEL</u>
Screen length: <u>60</u> feet	Screen diameter: <u>8</u> inches Type of screen: <u>WIRE-WRAPPED</u>
Screen slot size: <u>0.020</u> inches	Setting depth: From <u>1965</u> feet to <u>2025</u> feet
Type of completion (circle all applicable): <u>Gravel Packed</u> Underreamed Telescoped Open Hole Natural Development	Other (describe): <u>-</u>
Top of lap pipe or reduction in casing: <u>1885</u> feet	If telescoped or more than one screen, describe on back of page.
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: <u>-</u>	
Name of organization running log(s): <u>LAYNE-CENTRAL, JACKSON, MS</u>	

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

LAYNE-CENTRAL 0-064  
Print Name of Water Well Contractor and License No.

BY: Dave Cook  
Signature of Water Well Contractor

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OCT 25 2004

BY: OLWR



# State Well Report

County: CLARKE

Permit #: GW15958

Driller: LAYNE-CENTRAL

Date Drilling Completed: 4/23/04

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 #: M-78

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>HARMONY WATER ASSOCIATION</u>	Latitude: <u>N31 ° 59 ' 268 "</u> Longitude: <u>W088 ° 46 ' 883 "</u>
Mailing Address: <u>PO BOX 342</u>	Method of Lat/Long (circle one):      Conventional Survey
<u>QUITMAN, MS 39355</u>	USGS quad, <input checked="" type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City                      State                      Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>2N</u> Rng <u>15E</u>
Telephone No.      ( <u>601</u> ) <u>776-2593</u>	Distance                      Direction                      Nearest Town
	_____ Miles <u>SOUTHWEST</u> of <u>QUITMAN</u>

Pump Type Circle One	Power Type Circle One
Air Lift                      Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____ <u>125</u>
Date Pump Installed: _____ <u>9/5/04</u>	Setting Depth: _____ <u>220</u> feet
Rated Pump Capacity _____ <u>1000</u> Gallons Per Minute	Number of Stages: _____ <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: _____ <u>9/23/04</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ <u>59</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ <u>165</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>1000</u> GPM with a drawdown of
Test Pumping Rate: _____ <u>1000</u> Gallons Per Minute	_____ <u>106</u> feet after _____ <u>24</u> hours of pumping
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.

\_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)

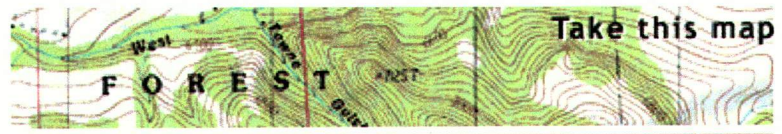
\_\_\_\_\_  
 Signature of Pump Installer

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OCT 25 2004

BY: OLWR

# topozone



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31° 59' 27"N, 88° 47' 00"W (WGS84)  
USGS Hale Quad

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