

# 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)

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: Ray West Drilling  
Date drilling completed: 12-4-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: P-73  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Jerry Peterson</u>	Latitude: <u>31.54.00</u> Longitude: <u>88.49.00</u>
Mailing Address: <u>P.O. Box 480</u>	Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Kiln</u> MS <u>39556</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 26</u> Twn <u>1N</u> Rng <u>14E</u>
Telephone No. <u>(228) 342-9271</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Shubuta</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Hunting Camp

Date well drilling started: 12-1-06 Date well drilling completed: 12-4-06

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 291 Well depth: 291 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 271 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Pvc slotted

Screen slot size: .010 inches Setting depth: From 271 feet to 291 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 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.

David A West 0-672  
Print Name of Water Well Contractor and License No.

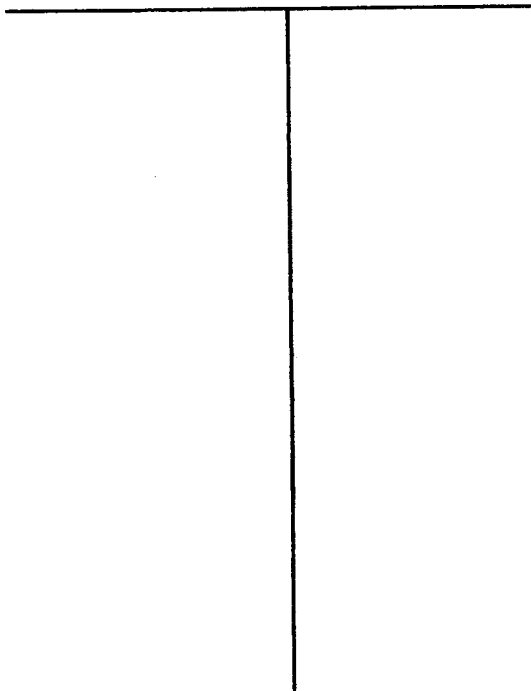
David A West  
Signature of Water Well Contractor

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DEC 13 2006  
BY: OLWR

If well telescopes please sketch below and show depths.

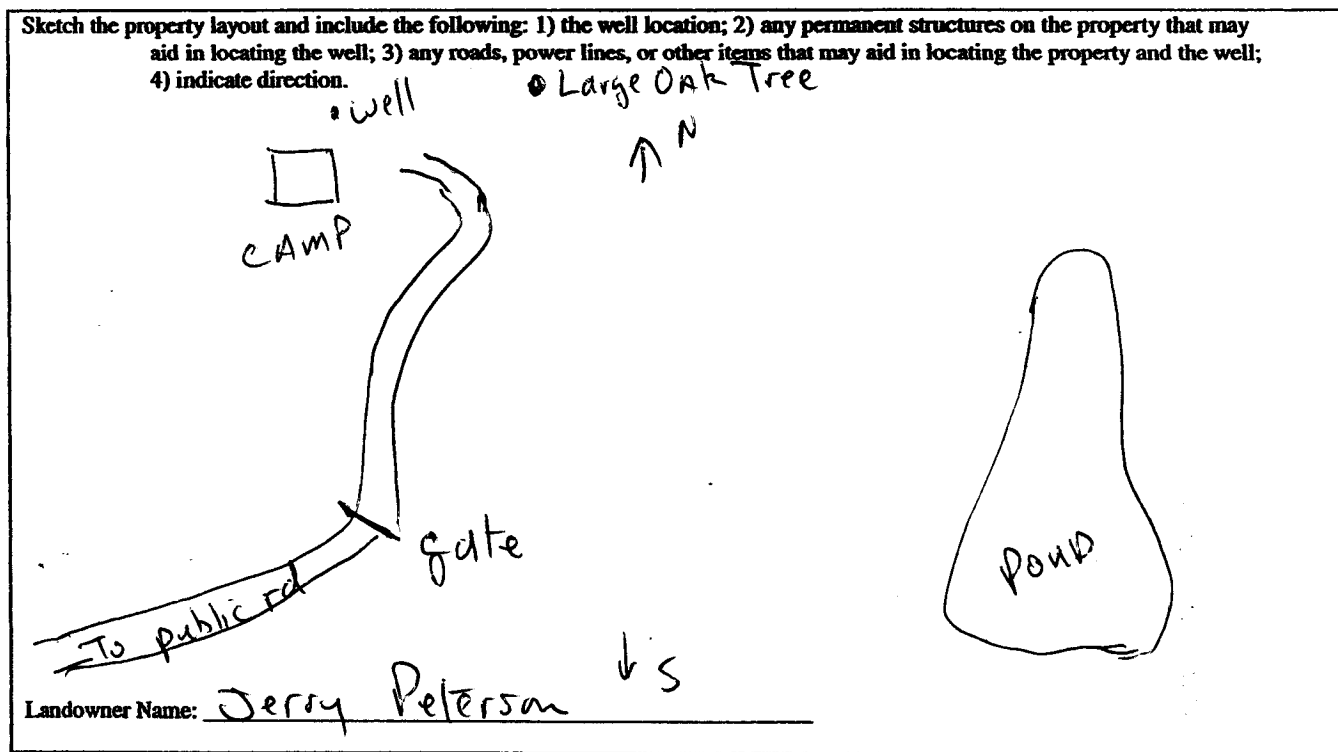
P-73

Ground Level



Description of Formations Encountered	From	To
RED CLAY	0	4
Yazoo clay	4	176
SAND w/CLAY STRKS	176	221
Fine silty sand	221	240
SAND - (FINE BUT CLEAN)	240	291

If more than one screen, show location of each on sketch



DADA WET  
 Signature of Water Well Contractor

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# 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: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: Roy V. West Drilling  
 Date completed: 12-4-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: P-73  
 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>Jerry Peterson</u>	Latitude: <u>31°54'</u> Longitude: <u>88°49'</u>
Mailing Address: <u>P.O. Box 480</u>	Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Kilm</u> MS <u>39556</u>	<u>NW 1/4 SE 1/4 Sec 26 Twn 1N Rng 14E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 342-9271</u>	<u>5</u> Miles <u>NW</u> of <u>Shubuta</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-4-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): _____ 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.

David A. West 0-672      David A. West  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 DEC 13 2006  
 BY: OLWF