

# 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 #: J-152  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clay  
Permit #: \_\_\_\_\_  
Driller: Rossi Drilling  
Date drilling completed: 4-5-07

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>Charles Van Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1581 Northwood Forest RD.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>West Point</u> <u>Ms</u> <u>39773</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>N 1/4 E 1/4 Sec 22 Twn 16 S Rng 7 E</u>
Telephone No. <u>(662) 494-8084</u>	Distance Direction Nearest Town _____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 4-2-07 Date well drilling completed: 4-5-07

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

Static Water Level: 161 feet above or below (circle one)  land surface  Date measured: 4-5-07

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

Hole depth: 438 Well depth: 438 Well grouted to a depth of 20 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 428 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 10/32 inches Setting depth: From Batteries feet to 10 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.

Thomas Rossi 0-509 Thomas Rossi  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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J-152

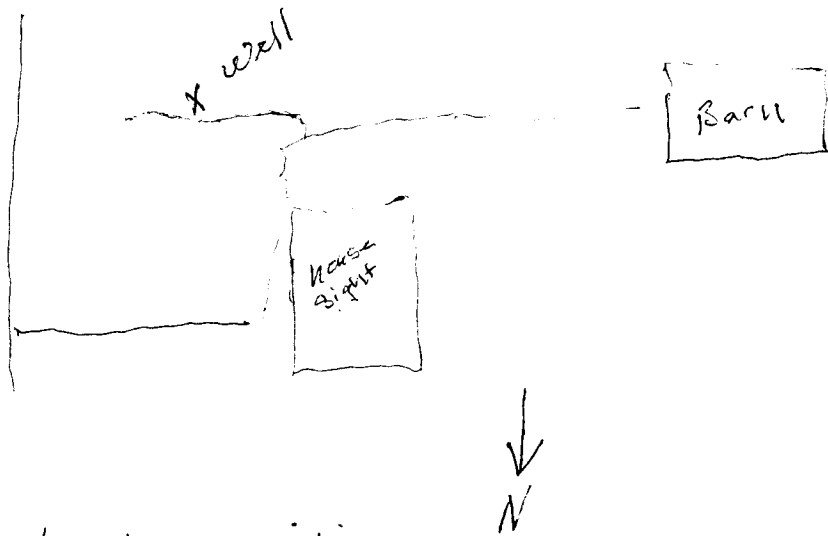
If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
clay	0	70
sand	70	74
blue clay	74	370
sand clay strips	370	370
sand	370	458

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Charles Van Williams

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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: J-152

Elevation: \_\_\_\_\_

County: Clay  
 Permit #: \_\_\_\_\_  
 Driller: Rossi Drilling  
 Date completed: 4-5-07

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>Charles Van Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1581 Northwood Forest Rd</u> <u>Westpoint ms 39773</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 E 1/4 Sec 22 Twn 16S Rng 7E</u>
Telephone No. <u>(662) 494-8084</u>	Distance Direction Nearest Town _____ Miles _____ of _____

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>1</u>
Date Pump Installed: <u>4-5-07</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-5-07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>160</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 <u>15-17</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>16-17</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Thomas Rossi 0-509  
 Print Name of Pump Installer and License No. (if applicable)

Thomas Rossi  
 Signature of Pump Installer

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