

# State Well Report

Part I

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:

County: Coahoma  
Permit #: CLC-41218  
Driller: Pete's Well Drilling  
Date drilling completed: 6-28-06

Aquifer: \_\_\_\_\_  
Well #: B-58  
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>Westside Farms</u>	Latitude: <u>34.20.68N</u>	Longitude: <u>90.38.90W</u>	
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): <u>41</u> Conventional Survey, <u>54</u>		
<u>Friars Point MS 38631</u>	USGS quad, <u>IR 14NW 14 Sec 31</u> Twp <u>29N</u> Rng <u>4W</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>1.34</u> Miles	Direction: <u>SSW</u>	Nearest Town: <u>Friars Point</u>
Telephone No.: <u>(662) 383 2245</u>			

**Well Data**

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

Date well drilling started: 6-28-06 Date well drilling completed: 6-28-06

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 6-22-06

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

Hole depth: 110' Well depth: 110' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 110 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole \_\_\_\_\_

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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

Pete's Well Drilling & Pump Repair  
Print Name of Water Well Contractor and License No. 20430 Signature: \_\_\_\_\_

JOB #  
322

AUG 23 2006  
BY: OLWF



# 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 #: B-58  
Elevation: \_\_\_\_\_

County: Catahoula  
Permit #: \_\_\_\_\_  
Driller: PETE'S WELL DRILLING  
Date completed: \_\_\_\_\_

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

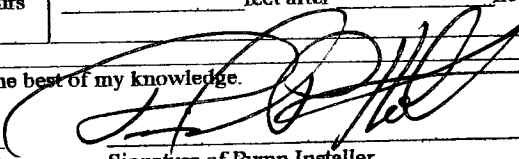
Well Owner Information	Well Location
Owner Name: <u>Westside Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 98</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>FRIARS POINT, MS 38631</u>	<u>SW 1/4 NW 1/4 Sec 31 Twn 29N Rng 4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 383-2245</u>	<u>1 3/4</u> Miles <u>SSW</u> of <u>FRIARS POINT</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>
Date Pump Installed: <u>7-21-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</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>23</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.

David P. Holt 0-752P  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

RECEIVED  
AUG 23 2006  
BY: OLWR