

# State Well Report

## Part 1 - 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F-71  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

27

County: COAHAMA  
Permit #: GW-39882  
Driller: HOUSTON DRILLING INC  
Date drilling completed: 11/25/04

**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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>HARVEY RODGERS</u>	Latitude: <u>34° 19.62' N</u> Longitude: <u>90° 30.17' W</u>
Mailing Address: <u>CLARKSDALE MS</u>	Method of Lat/Long (circle one): Conventional Survey, _____
City: _____ State: <u>MS</u> Zip Code: <u>38614</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS _____
Telephone No. (____) _____	____ 1/4 ____ 1/4 Sec <u>4</u> Twn <u>28N</u> Rng <u>3W</u>
	Distance <u>3.8</u> Miles Direction <u>W</u> of Nearest Town <u>JACKSON</u>

**Well / Borehole Data**

Date drilling started: 11/25 Date drilling completed: 11/25 Hole depth: 113 Hole diameter: 22

Location of the source of any surface water used for drilling: SAME 34° 19.62' N 90° 30.17' W

Method of dosing and volume of Chlorine used in drilling and development: 1 POUND PER 1000 GALS OF WATER

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) \_\_\_\_\_

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**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: 23 feet above or below (circle one) land surface Date measured: 11/26

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

Well depth: 113 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement \_\_\_\_\_ Bentonite Mix \_\_\_\_\_

Casing length: 73 feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12" inches Type of screen: PVC

Screen slot size: .030 inches Setting depth: From 73 feet to 113 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 next page***

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

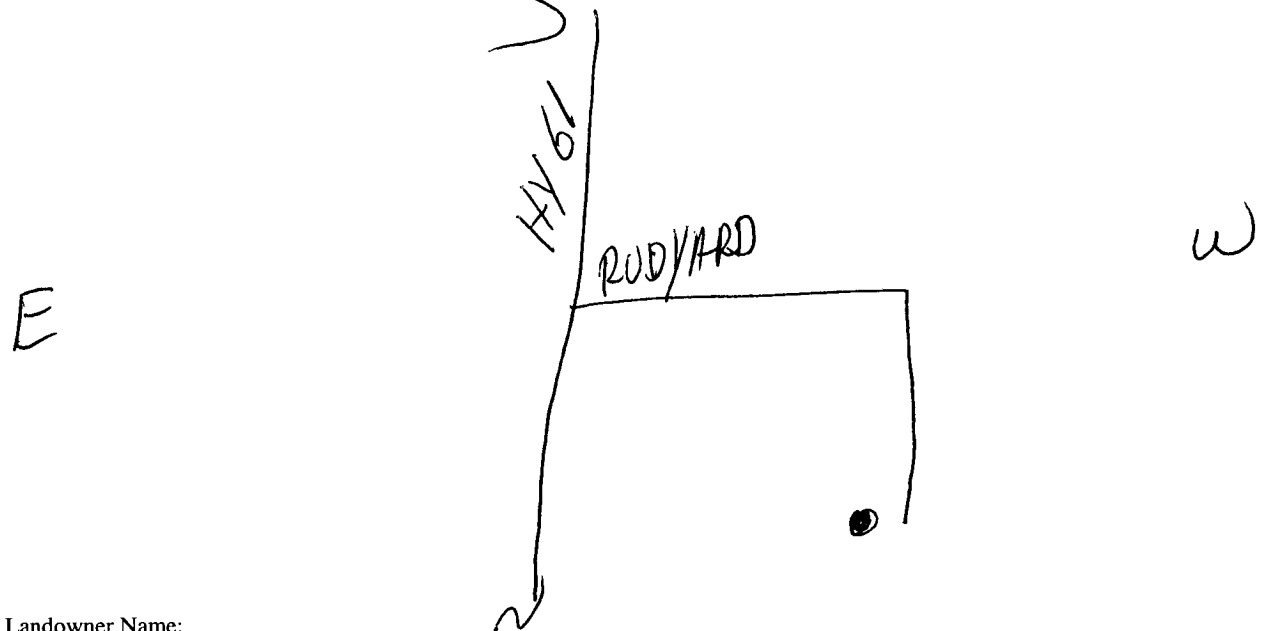
Ground Level F-71



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	13
FINE SAND	13	43
<del>COURSE SAND</del>	<del>43</del>	<del>113</del>
GRAVEL		

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) a north arrow.



Landowner Name: \_\_\_\_\_

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

PAUL Powell 0435  
Print Name of Responsible Licensee and License No.

12/13/04  
Date

Paul Powell  
Signature of Licensee

# 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: COPAHOMA  
 Permit #: \_\_\_\_\_  
 Driller: HOUSTON DRILLING INC  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-71 27  
 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>HARVEY RODGERS</u>	Latitude: <u>34° 19' 20"</u> Longitude: <u>090° 30' 17"</u>
Mailing Address: <u>CLARKSDALE MS</u>	Method of Lat/Long (check one): Conventional Survey _____
City: _____ State: <u>MS</u> Zip Code: <u>38614</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>W</u> of <u>Jonestown</u>

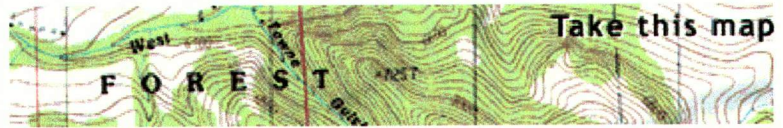
Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70 HP</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1600</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): _____ 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>1600</u> 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.

PAUL POWELL 0435      Paul Powell  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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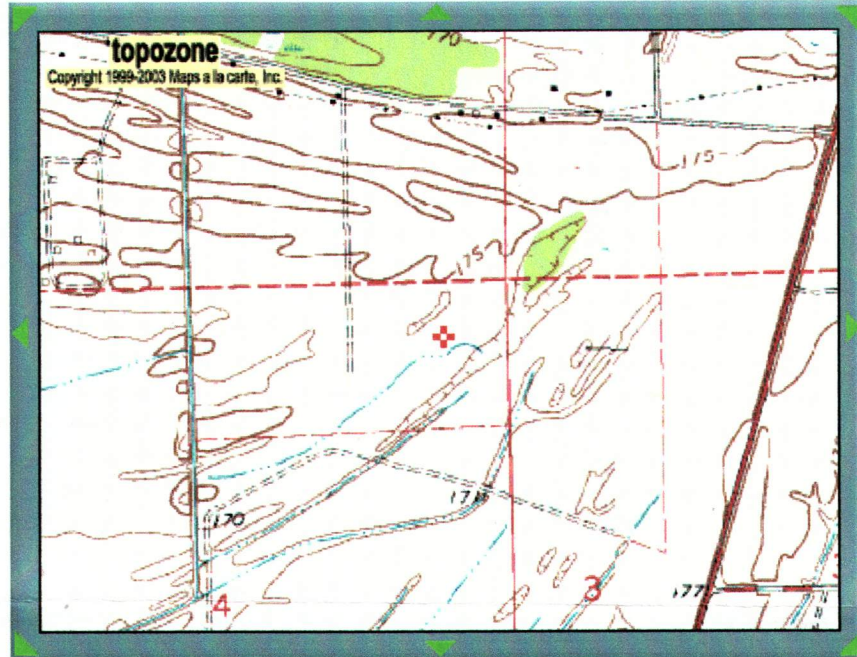
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34° 20' 02"N, 90° 30' 17"W (WGS84/NAD83)

USGS **Coahoma** Quad

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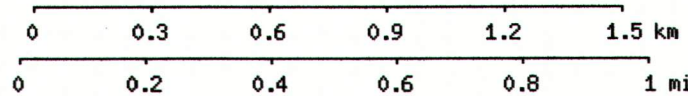
- USGS Topo Maps**
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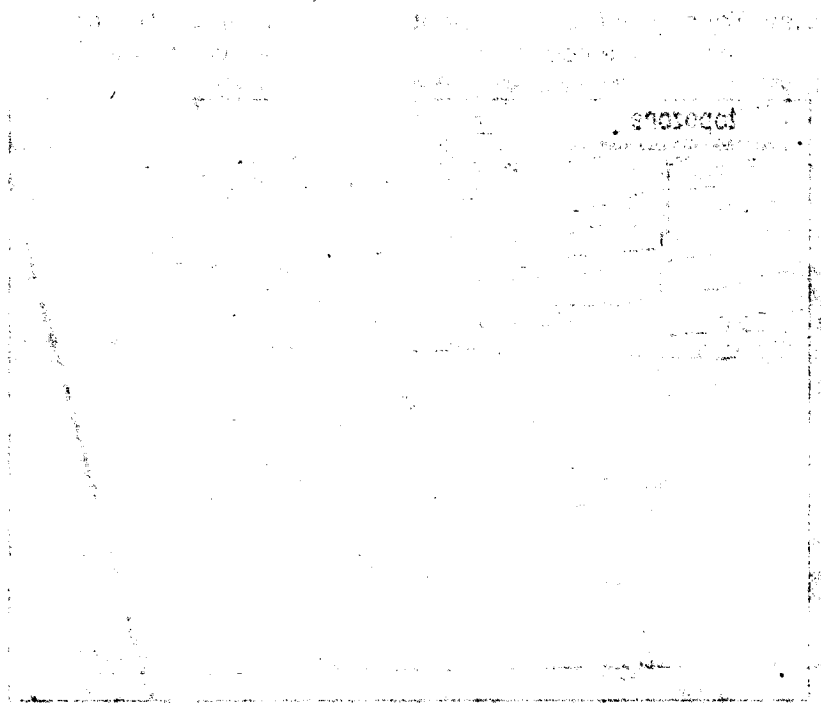
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USA - 34° 50' 00" N, 105° 50' 00" W (WGS84)



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