

# 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:

Aquifer: \_\_\_\_\_  
 Well #: L-96  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Coahoma  
 Permit #: GW41220  
 Driller: Pete's Well Drilling  
 Date drilling completed: 6-30-06

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>Brent Cable</u>	Latitude: <u>34° 05' 44" N</u> Longitude: <u>89° 37' 02" W</u>
Mailing Address: <u>3467 Reinhart Rd.</u>	Method of Lat/Long (circle one): <u>27</u> Conventional Survey
<u>Clarksdale MS 38844</u>	USGS quad: <u>Handwritten</u> Survey grade GPS
City: _____ State: _____ Zip Code: _____	SW 1/4 SE 1/4 Sec: <u>29</u> Twp: <u>26</u> Rng: <u>4</u>
Telephone No. ( ) _____	Distance: <u>3 1/4</u> Miles Direction: <u>E</u> Nearest Town: _____

**Well Data**

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

Date well drilling started: 6-30-06 Date well drilling completed: 6-30-06

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 6-30-06

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 60 feet to 100 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 #0430

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature: \_\_\_\_\_

BY: OLWR

Job # 279

L-96

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
10' clay 1' sand 1' gravel	0	30

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 that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well; 4) indicate direction.

Landowner Name: Barry Cable

[Signature]  
Signature of Water Well Contractor

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AUG 23 2006  
BY: OLWR

**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

Mississippi Department of Environmental Quality  
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Elevation: \_\_\_\_\_

County: Coahoma  
Permit #: \_\_\_\_\_  
Driller: Pete's Well Drilling  
Date completed: \_\_\_\_\_

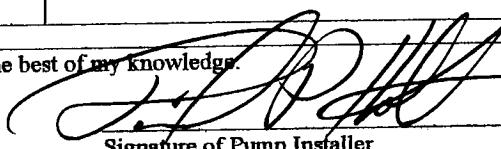
**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>BRENT GABLE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3467 Reinhart Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Clarksdale, MS 38844</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City, State, Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>29</u> Twn <u>26N</u> Rng <u>4W</u>
Telephone No. <u>662-624-6475</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>SW</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-28-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>25</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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  **RECEIVED**  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer **AUG 23 2006**

BY: OLWR