

# 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 #: N-146  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Coahoma  
 Permit #: GW42897  
 Driller: Willie L. Bryant  
 Date drilling completed: 10-26-08

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>Alex Ross</u>	Latitude: <u>34° 03' 23" N</u> Longitude: <u>090° 36' 09" W</u>
Mailing Address: <u>548 Cliffview Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brandon</u> MS <u>39047</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>3</u> Twn <u>25 N</u> Rng <u>4 W</u>
Telephone No. <u>(601) 919-2443</u>	Distance <u>8 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>Clarksdale</u>

**Well Data**

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

Date well drilling started: 10-26-08 Date well drilling completed: 10-26-08

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

Static Water Level: 35' feet above or (below) (circle one) land surface Date measured: 10-30-08

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 112' Well depth: 110' Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 8 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 8 inches Type of screen: PVC slotted

Screen slot size: .052 inches Setting depth: From 70 feet to 110 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: 0 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.

Willie L. Bryant 0-639 Willie L. Bryant

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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N-146

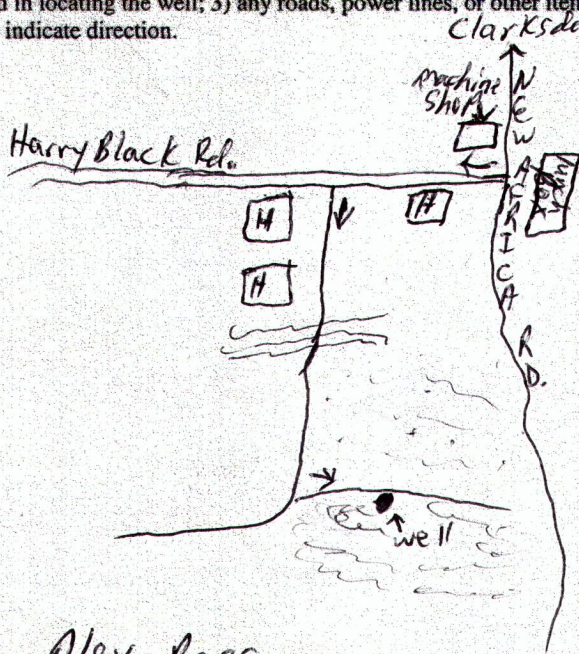
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Clay + fine sand	20	40
fine + med. sand	40	60
med. + coarse sand	60	80
coarse gravel	80	100
coarse gravel	100	110

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: Alex Ross

Willie L. Bryant  
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: coahoma  
 Permit #: \_\_\_\_\_  
 Driller: Willie L. Bryant  
 Date completed: 10-30-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-146  
 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>Alex Ross</u>	Latitude: <u>34° 03.73' N</u> Longitude: <u>090° 36.09' W</u>
Mailing Address: <u>548 Cliff View Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Brandon</u> <u>ms</u> <u>39047</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>25 N</u> Rng <u>4 W</u>
Telephone No. <u>(601) 919-2443</u>	Distance Direction Nearest Town <u>8 1/2</u> Miles <u>S</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>10-30-08</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No Test = Well to be pumped with Generator by owner</u>	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.

Willie L. Bryant 0-639 Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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