

# 10-413

### State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: Coahoma  
 Permit #: GW-44419  
 Driller: Pete Sappington  
 Date drilling completed: 7-24

For Office Use Only:  
 Aquifer: 0 123  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>A.B. Smith Gerald Lividy</u>	Latitude: <u>34° 00' 01.0"</u> Longitude: <u>90° 33' 19.2"</u>
Mailing Address: <u>P.O. Box 2083</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>West Memphis Ark. 72303</u> City State Zip Code	<u>9W 1/4 SW 1/4 Sec 30 Twn 25N Rng 3W</u>
Telephone No. <u>662) 902-7148</u>	Distance Direction Nearest Town <u>10 Miles SW of FUTUREBER</u>

**Well / Borehole Data**

Date drilling started: 7-24 Date drilling completed: 7-24 Hole depth: 100 Hole diameter: 28"

Location of the source of any surface water used for drilling: Ditch west of well

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite @ 10 ppm

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) \_\_\_\_\_

*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: 21 feet above or below (circle one) land surface Date measured: 7-25-10

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC-40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC-40

Screen slot size: .032 inches Setting depth: From 60 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

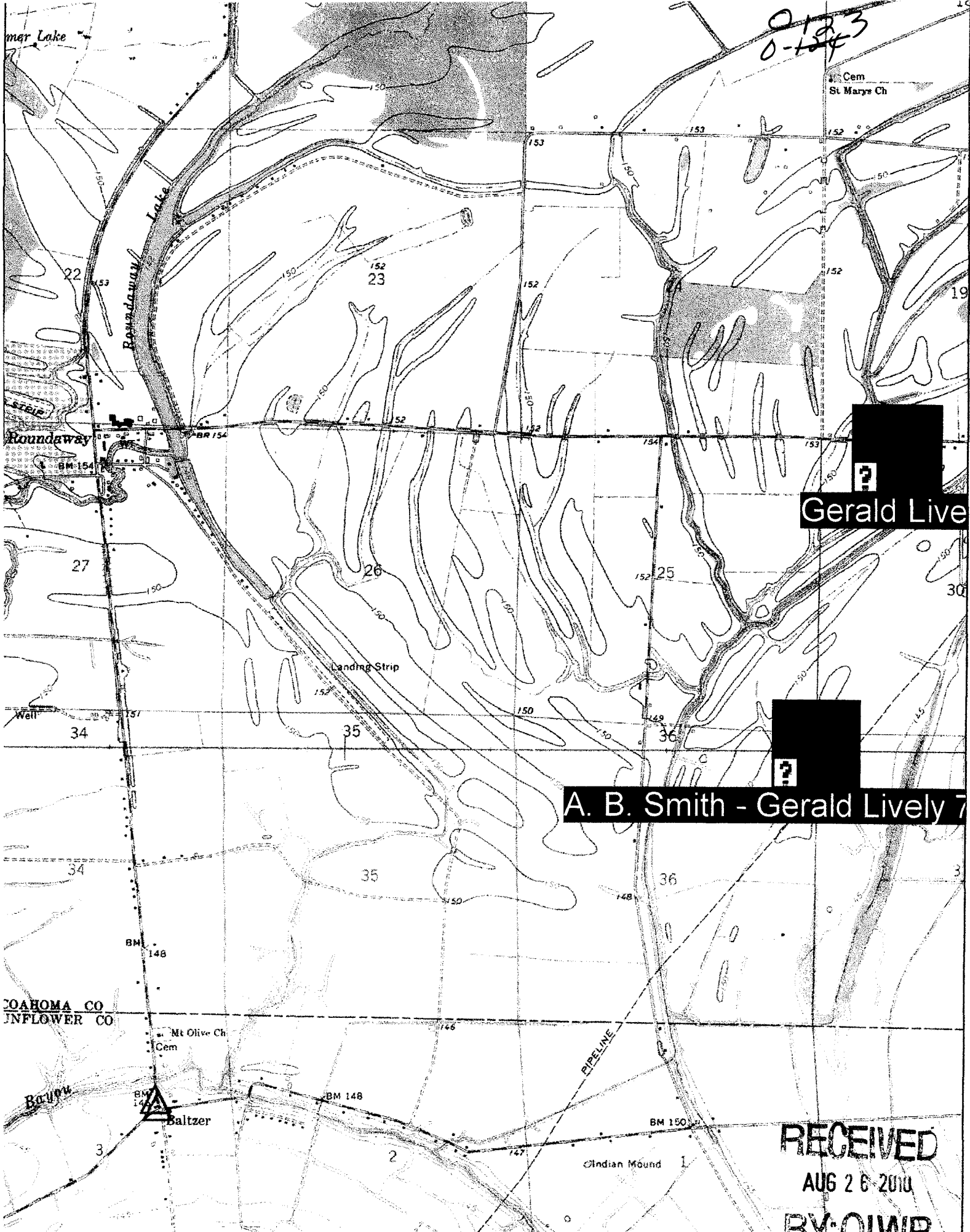
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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0-123  
0-124

Cem  
St Marys Ch

Gerald Live

A. B. Smith - Gerald Lively 7

COAHOMA CO  
INFLOWER CO

Mt Olive Ch  
Cem

Baltzer

Indian Mound

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BY: OIWR



Dean A. Pennington, PhD  
Executive Director  
P. O. Box 129  
Stoneville, MS 38776  
Tel.: (662) 686-7712  
Fax: (662) 686-9078  
www.ymd.org

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## Yazoo Mississippi Delta Joint Water Management District

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July 8, 2010

A B Smith / Gerald Lively  
5073 Willis Rd  
Tutwiler MS 38963

**RE: Well Drilling / Authorization**

**Permit No: GW-4419 (Replacement Well for GW-13368)**

Dear A B Smith / Gerald Lively,

This letter is to authorize the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed. The intended well location for you application is:

**Location: SW1/4 of the SW1/4 Section \_30\_Township-25N\_Rage\_03W\_County -Coahoma**

A copy of this notice or permit **must be attached to the State Well Report** that is submitted by your driller. This report is a requirement of the State Well Drillers Regulation. A copy of this report **must be mail or faxed to YMD Joint Water Management District.**

Please be sure to complete the application process. **This is a temporary notice until you receive your permit.** If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.  
Permitting Director

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BY: [Signature]

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: 0-124  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Cookson  
 Permit #: GW-44419  
 Driller: PETE SPARKINGTON  
 Date completed: 7-24-10  
*Copy information from block on Part 1*

*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>A.B. Smith</u>	Latitude: <u>34° 00' 1.0"</u> Longitude: <u>90° 33' 19.2"</u>
Mailing Address: <u>P.O. Box 2083</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>30 T25N R 3W</u>
<u>West Memphis, AR 72303</u>	Distance Direction Nearest Town <u>2.5</u> Miles <u>SE</u> of <u>Roundaway</u>
Telephone No. <u>(662) 902-7148</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>80</u>
Date Pump Installed: <u>7-26-10</u>	Setting Depth: <u>70</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): <u>21</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

Form: OLWR-SWR-1B (04/08)

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