

# 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)

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: Brian McClendon  
 Date drilling completed: 8/13/04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-87  
 L. S. Elevation: K51  
 E-log #: \_\_\_\_\_

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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>John Soufferer</u>	Latitude: <u>31° 56' 150"</u> Longitude: <u>90° 17' 26"</u>
Mailing Address: <u>5124 HARMONY RD</u> <u>P.O. Box 532</u>	Method of Lat/Long (circle one): Conventional Survey, <u>17</u>
<u>CRYSTAL SPRINGS MS</u> City State Zip Code <u>39059</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 892-5321</u>	<u>NW 1/4 SE 1/4</u> Sec <u>10</u> Twn <u>24N</u> Rng <u>1W</u> <u>SE SW</u> Direction Nearest Town <u>5</u> Miles <u>SE</u> of <u>Crystal Springs</u>

Well Data

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

Date well drilling started: 8/13/04 Date well drilling completed: 8/13/04

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

Static Water Level: 100 feet above of below (circle one) land surface Date measured: 8/13/04

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

Hole depth: 166 Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10/10 inches Setting depth: From 130 feet to 160 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 back of page

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

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

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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.

GREEN WATER WELL SUPPLY  
BRIAN McCLENDON #664 Brian McClendon  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor



# 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: K51  
 Well #: E-89  
 Elevation: \_\_\_\_\_

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: 0664  
 Date completed: 9/24/04

**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>John Sautfeier</u>	Latitude: <u>N 31° 56.150</u> Longitude: <u>W 90° 17.280</u>
Mailing Address: <u>5124 Harmony Rd</u> <u>P.O. Box 532</u> <u>Crystal Springs MS 39059</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 10 Twn 2N Rng 1W</u>
Telephone No. <u>(601) 892-5321</u>	Distance Direction Nearest Town <u>5 Miles SE of Crystal Springs</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>5</u>
Date Pump Installed: <u>9/24/04</u>	Setting Depth: <u>140</u>
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>15</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/24/04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of <u>20</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>65</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

William Hardin 0-717P  
 Print Name of Pump Installer and License No. (if applicable)

William Hardin  
 Signature of Pump Installer

Green Water Well & Supply, Inc.