

# 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 #: A-77  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Greene  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 9-5-07

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>Danny Manning</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>600 Pieve Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Richton MS 39476</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>5N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>7</u> Miles <u>N</u> of <u>Sandhill</u>

**Well Data**

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

Date well drilling started: 9-5-07 Date well drilling completed: 9-5-07

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

Static Water Level: 175 feet above or below (circle one) land surface Date measured: 9-5-07

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

Hole depth: 320 Well depth: 320 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1008 inches Setting depth: From 290 feet to 320 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): \_\_\_\_\_

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.

JAMES WELLS 0-586 \_\_\_\_\_ James Wells  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

A-77

Ground Level

Description of Formations Encountered	From	To
topsoil	0	2
red clay	2	10
sand	10	40
blue clay	40	260
sand	260	320

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: Danny Manning

James Wells  
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: \_\_\_\_\_

Well #: A-77

Elevation: \_\_\_\_\_

County: Greene

Permit #: \_\_\_\_\_

Driller: JAMES WELLS

Date completed: 9-5-07

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>Danny Manning</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>600 Pave Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Richton MS 39476</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>5N</u> Rng <u>8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>7</u> Miles <u>N</u> of <u>Sandhill</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>9-5-07</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-5-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>175</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>240</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>185</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
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.

JAMES WELLS 0-586  
Print Name of Pump Installer and License No. (if applicable)

James Wells  
Signature of Pump Installer