

# 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 #: C-27

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Greene

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

Driller: Heath Williams

Date drilling completed: 8/6/07

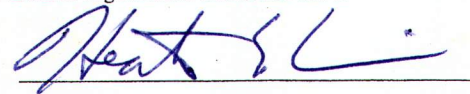
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Athen Kittrell</u>	Latitude: <u>31° 25' 00"</u> Longitude: <u>88° 36' 26" W</u>
Mailing Address: <u>932 Robinson Kittrell Junction</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>StateLine</u> <u>MS</u> <u>39362</u>	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>8</u> Twn <u>T5N</u> Rng <u>R6W</u>
City State Zip Code	
Telephone No. <u>(601) - 848 - 7542</u>	Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>StateLine</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken Houses</u>	
Date well drilling started: <u>08/06/07</u>	Date well drilling completed: <u>08/06/07</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>33</u> feet above or below (circle one) land surface	Date measured: <u>08/06/07</u>
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>78</u> Well depth: <u>78</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>68</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0-010</u> inches Setting depth: From <u>68</u> feet to <u>78</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: <u>Visual</u>	
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.

Heath S. Williams 0-790



Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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AUG 14 2007

BY: OLWR



# 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: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Heath Williams  
 Date completed: 08/06/07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C-27  
 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>Athen Kittrell</u>	Latitude: <u>31° 25' 00" N</u> Longitude: <u>088° 30' 26" W</u>
Mailing Address: <u>932 Robinson Kittrell Junction</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Stalene Ms. 39362</u>	_____ ¼ _____ ¼ Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 848 7542</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>08/06/07</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>08/06/07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>33</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: <u>0</u> 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.

Heath S. Williams 0-790 Heath S. Williams  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 14 2007  
 BY: OLWR