

# 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 #: K-40 041  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date drilling completed: 7-1-04

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>Ricky Moody</u>	Latitude: <u>31° 10.804' N</u> Longitude: <u>088° 43.843' W</u>
Mailing Address: <u>103 Moody Rd</u>	Method of Lat/Long (circle one): <u>48</u> Conventional Survey, <u>51</u>
City: <u>Reely</u> State: <u>MS</u> Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	<u>SE 1/4 NW 1/4</u> Sec <u>31</u> Twn <u>T2N</u> Rng <u>R7W</u>
	Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Reely</u>

**Well Data**

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

Date well drilling started: 7-1-04 Date well drilling completed: 7-1-04

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 7-1-04

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4' inches Type of casing: PVC 4"

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC warped

Screen slot size: 4/6 inches Setting depth: From 100 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 back of page

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

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

**RECEIVED**  
 SEP 01 2004  
 BY: OLWR

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.

Michael R Frye 0408  
 Print Name of Water Well Contractor and License No.

Michael R Frye 0408  
 Signature of Water Well Contractor

K-40

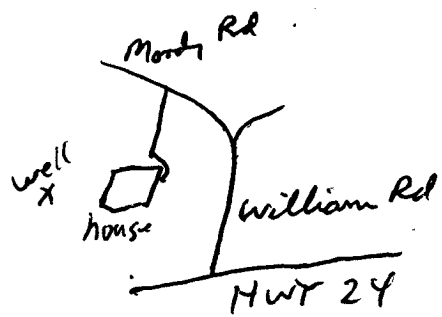
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
top sand	0	2
clay	2	5
sand	5	32
clay	32	55
silt	55	70
sand	70	73
clay	73	90
fine sand	90	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.



**RECEIVED**  
SEP 01 2004  
BY: OLWR

Landowner Name: Ricky Moody

Michael R. Trujillo 0408  
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)

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Mike  
 Date completed: 8-10-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-40  
 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>Ricky Moody</u>	Latitude: <u>31-10-804N</u> Longitude: <u>088-43-843W</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>Neely</u> <u>MS</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. ( ) _____	_____ 1/4 _____ 1/4 Sec <u>531</u> Twn <u>T3N</u> Rng <u>R7W</u>
	Distance Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>Neely</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>1 1/2</u> <b>RECEIVED</b>
Date Pump Installed: <u>8-10-04</u>	Setting Depth: <u>110'</u> feet <b>SEP 01 2004</b>
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u> <b>BY: OLWR</b>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-10-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>38</u> GPM with a drawdown of
Test Pumping Rate: <u>38</u> Gallons Per Minute	<u>10</u> feet after <u>1 1/2</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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_ Signature of Pump Installer \_\_\_\_\_