

# 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: Itawamba  
Permit #: BW 16806  
Driller: Keith Campbell  
Date drilling completed: 4/7/10

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: C-19  
L. S. Elevation: \_\_\_\_\_  
E-log #: C-19

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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>North East Itawamba Water</u>		Latitude: <u>34.26.02</u> <sup>46.8</sup>	Longitude: <u>88.10.02</u> <sup>55.6</sup>
Mailing Address: <u>338 Salem Church Rd.</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Calden, MS 38847</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	<u>SE 1/4 SW 1/4 Sec 19 Twn 7 S Rng 10 E</u>
Telephone No. <u>(662) 585-3480</u>		Distance _____ Miles	Direction _____ of Nearest Town <u>Balmain</u>
			<u>Behind Cemetery on Ridge Rd.</u>
<b>Well / Borehole Data</b>			
Date drilling started: <u>4/6/10</u>	Date drilling completed: <u>4/7/10</u>	Hole depth: <u>370</u>	Hole diameter: <u>6</u>
Location of the source of any surface water used for drilling: <u>Fire hydrant on Ridge Rd.</u>			
Method of dosing and volume of Chlorine used in drilling and development: _____			
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____			
Name of organization running log(s): <u>Mississippi MDEQ</u>			
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>			
Seismic Survey <input type="checkbox"/> Other (describe) _____			
<b>If drilling is not related to water well construction, skip the remainder of this block</b>			
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____			
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>153</u> feet above or below (circle one) land surface Date measured: <u>7/8/10</u>			
Method of Measurement (circle one) steel tape <input type="checkbox"/> electric tape <input checked="" type="checkbox"/> air line <input type="checkbox"/> other: _____			
Well depth: <u>370</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>			
Casing length: <u>270</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>Metal</u>			
Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____			
Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet			
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input checked="" type="checkbox"/> Natural Development <input type="checkbox"/>			
Other (describe): _____			
Top of lap pipe or reduction in casing: _____ feet. <b>If telescoped or more than one screen, describe on next page</b>			

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

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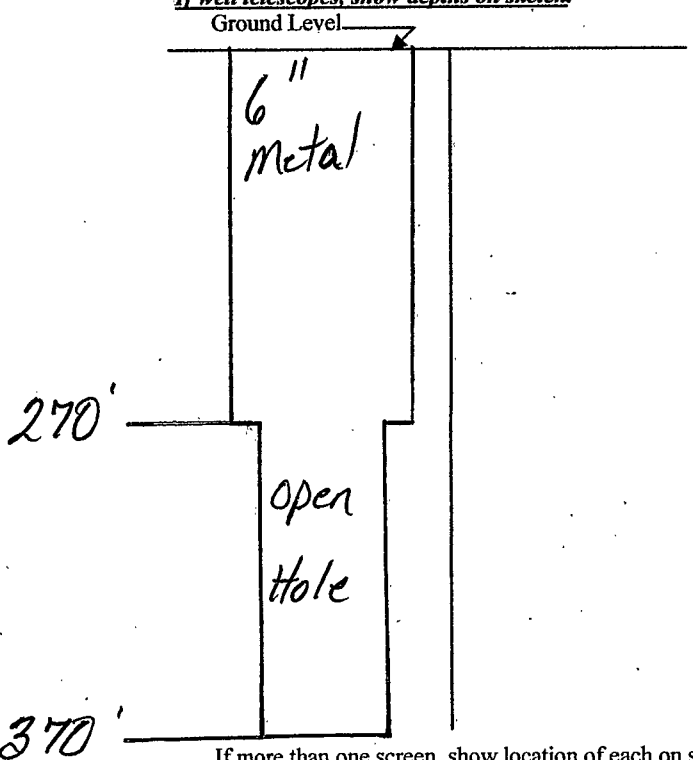
SEP 23 2010

BY: OLWR

The sketch below only required for water wells

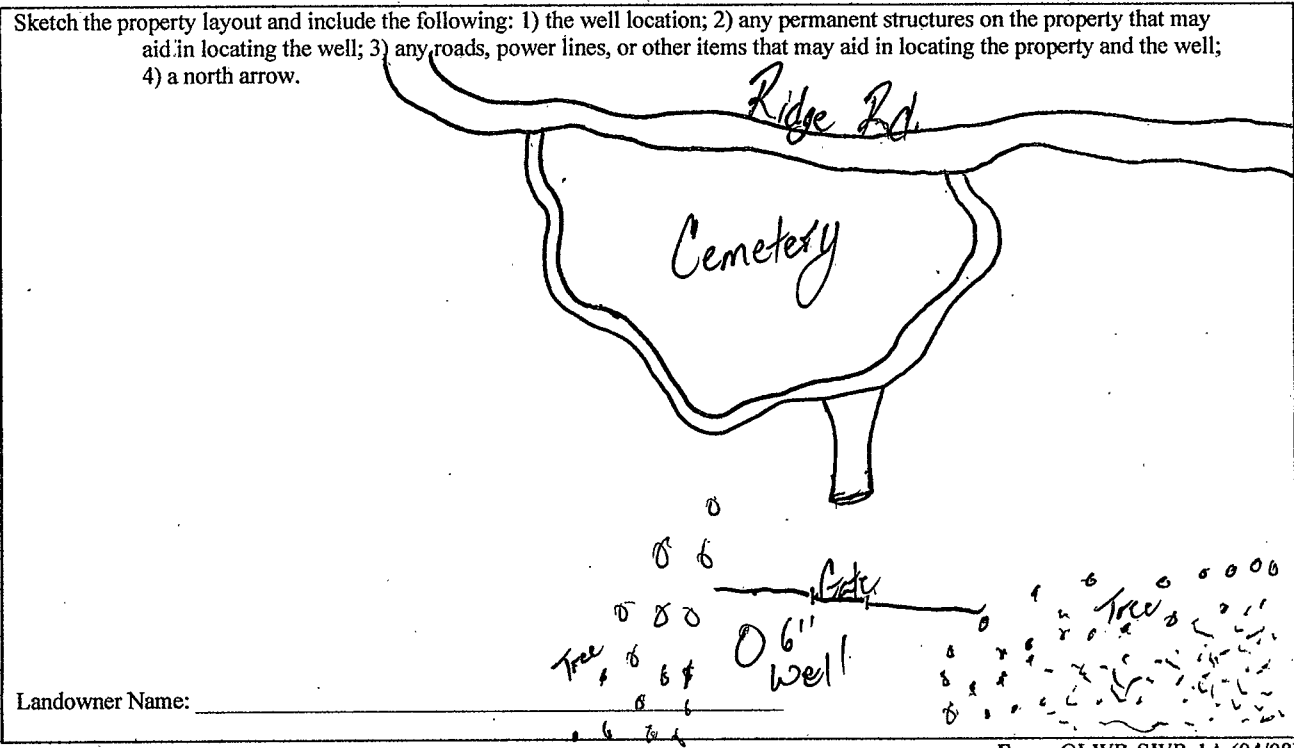
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand little Gravel	Ground Level	20
Sand little Gravel	20	30
Red Clay	30	35
Fine Sand Some clay strips	35	68
Very Hard Sand Rock	68	70
Gray Clay (Blue tint) Sand on End	70	100
Sand Small Gravel	100	120
loose formation - Fine Sand	120	135
Sand Rock	135	137
Red Clay At White Clay at Bottom	137	160
Clay Gravel	160	187
Very Hard Rock	187	190
Solid Sand Clay mix	190	200
Solid Clay	200	220
Sand Clay mix	220	225
Fine Sand	225	230
Fine Medium Grain Sand	230	260
Medium Grain Sand	260	270
Shell	270	370

If more than one screen, show location of each on sketch



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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Keith Campbell  
Print Name of Responsible Licensee and License No.

8/7/10  
Date

Keith Campbell  
Signature of Licensee

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# 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)

County: Itawamba  
 Permit #: \_\_\_\_\_  
 Driller: Keith Campbell  
 Date completed: 4/7/10  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

*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>North East Itawamba Water</u>	Latitude: <u>34 26 15.6</u> Longitude: <u>88 10 46.8</u>
Mailing Address: <u>338 Salem Church Rd.</u> <u>Golden, MS 38847</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Miles _____ Direction _____ of <u>Be Inmost</u> Nearest Town <u>Behind Cemetery on Ridge Rd.</u>
Telephone No. <u>(662) 585-3480</u>	

Pump Type	Power Type
Circle one	Circle one
<input checked="" type="radio"/> Air Lift	<input type="radio"/> Diesel Engine
<input type="radio"/> Jet	<input type="radio"/> Gasoline Engine
<input checked="" type="radio"/> Submersible	<input type="radio"/> Natural Gas
<input type="radio"/> Bucket	<input type="radio"/> Electric Motor
<input type="radio"/> Piston	<input type="radio"/> Hand
<input type="radio"/> Turbine	<input type="radio"/> Tractor PTO
<input type="radio"/> Centrifugal	<input type="radio"/> Windmill
<input type="radio"/> Rotary	<input type="radio"/> Other (specify): <u>No pump</u>
<input type="radio"/> Flowing Well	Horse Power Rating of Motor: _____
Other (specify): <u>No pump installed</u>	Setting Depth: _____ feet
Date Pump Installed: _____	Number of Stages: _____
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>No pump installed</u>	Circle one
Static Water Level (A): <u>0.366</u> Feet Below Land Surface	<input checked="" type="radio"/> Air Line
Pumping Water Level (B): _____ Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<input type="radio"/> Steel Tape
Test Pumping Rate: _____ Gallons Per Minute	Other (specify): _____
Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet
	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one):  **New Well**     Replacement of Existing Pump     Repair of Existing Pump

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

Keith Campbell    003627    Keith Campbell  
 Print Name of Pump Installer and License No. (if applicable)    Signature of Pump Installer

Form: OLWR-SWR-TC (07-09)110

BY: OLWR