

State Well Report Part 1 - Driller's Log

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: Itawamba
Permit #: MS-6W-15577
(Paul Powell)
Driller: Houston Drilling
Date drilling completed: 12/1/99

For Office Use Only:
Aquifer: Gordo
Well #: CO016
L. S. Elevation: 613
E-log #: _____

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>NE Itawamba WA</u>	Latitude: <u>34° 26' 35"</u> Longitude: <u>88° 10' 41"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____	<u>SW 1/4 NE 1/4 Sec 30 Twn 7S Rng 11E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: _____ Date drilling completed: 12/1/99 Hole depth: _____ Hole diameter: 10"

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 159' Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 123' feet Casing diameter: 10" inches Type of casing: Steel

Screen length: 20' feet Screen diameter: 10" inches Type of screen: Stainless Steel

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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 next page*

STATE WELL REPORT

County: Itawamba
 Permit #: MS-GW-15577
 (Paul Powell)
 Driller: Houston Drilling
 Date completed: 12/1/99
Copy information from block on Part 1

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 #: 00016
 Elevation: 613

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>NE Itawamba WA</u>	Latitude: <u>34° 26' 35"</u> Longitude: <u>88° 10' 41"</u>
Mailing Address: _____ _____ _____	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>30</u> T. <u>7S</u> R. <u>11E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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: _____	Setting Depth: _____ feet
Rated Pump Capacity: <u>100</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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: _____ 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.

Print Name of Pump Installer and License No. (if applicable) _____

Signature of Pump Installer _____