

# 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 #: A-112  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Tim Smith  
Date drilling completed: 2-14-08

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>TOOD EthRidge</u>	Latitude: <u>32.34.52</u> Longitude: <u>88.51.295</u>
Mailing Address: <u>8984 Hwy 19 North</u>	Method of Lat/Long (circle one): Conventional Survey, <u>39</u> <u>48</u>
<u>Collville miss 39325</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>/</u>
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 34 Twn T8N Rng R14E</u>
Telephone No. <u>601, 479-4936</u>	Distance Direction Nearest Town <u>8</u> Miles <u>north</u> of <u>Collville</u>

**Well Data**

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

Date well drilling started: 2-11-08 Date well drilling completed: 2-14-08

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 2-13-08

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

Hole depth: 300 FT Well depth: 300 FT Well grouted to a depth of 15

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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 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): \_\_\_\_\_

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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.

Tim Smith 0-202  
Print Name of Water Well Contractor and License No.

Tim Smith  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

A-112

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Red Clay	0	25
Red sand & clay	25	95
Blue clay	95	140
Clay & sand	140	300

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.

old murray school

Marten collville road

Collville

↑  
9  
north

well

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Landowner Name: Todd Eshridge

Tim Smith  
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: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Tim Smith  
 Date completed: 2-14-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-112  
 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>Todd Ethridge</u>	Latitude: <u>32.34572</u> Longitude: <u>088.51795</u>
Mailing Address: <u>8984 Hwy 19 N</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Collville</u> <u>Miss</u> <u>39325</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 Sec <u>3</u> Twn <u>T8N</u> Rng <u>R14E</u>
Telephone No. <u>(601) 479-4936</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>North</u> of <u>Collville</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 Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>2-13-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-13-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>40</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

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