

# 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 #: Q-21  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Tim Smith  
Date drilling completed: 5-6-04

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>Richie Brown</u>	Latitude: <u>32° 17' 49"</u> Longitude: <u>88° 53' 51"</u> <i>OK</i>
Mailing Address: <u>12521 Archie Brown RD</u>	Method of Lat/Long (circle one): <u>30</u> Conventional Survey, <u>49</u>
<u>Chunky</u> <u>MISS</u> <u>39823</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(601) 655-8328</u>	<u>SW</u> ¼ <u>NW</u> ¼ Sec <u>4</u> Twn <u>T5N</u> Rng <u>R14E</u> <u>8</u>
	Distance Direction Nearest Town <u>6</u> Miles <u>E</u> of <u>Chunky</u>

**Well Data**

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

Date well drilling started: 5-3-04 Date well drilling completed: 5-6-04

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

Static Water Level: 40 feet above of below (circle one) land surface Date measured: 5-6-04

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

Hole depth: 180 Well depth: 180 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 8 inches Setting depth: From 170 feet to 180 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): \_\_\_\_\_

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 0-0202  
Print Name of Water Well Contractor and License No.

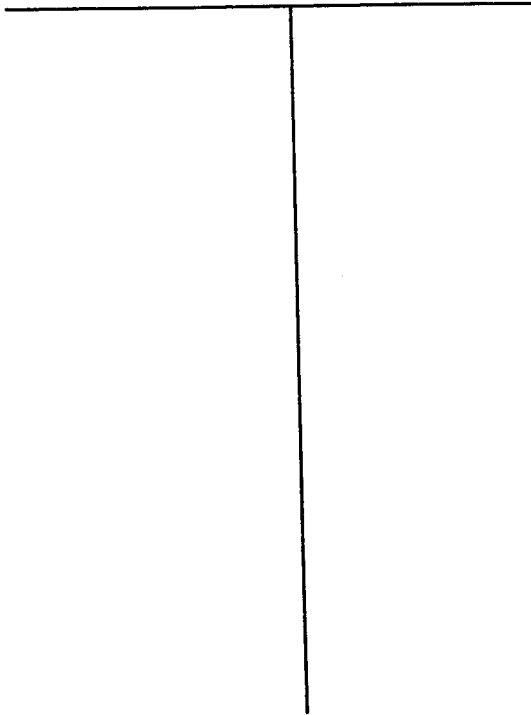
Tim Smith  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Q-21

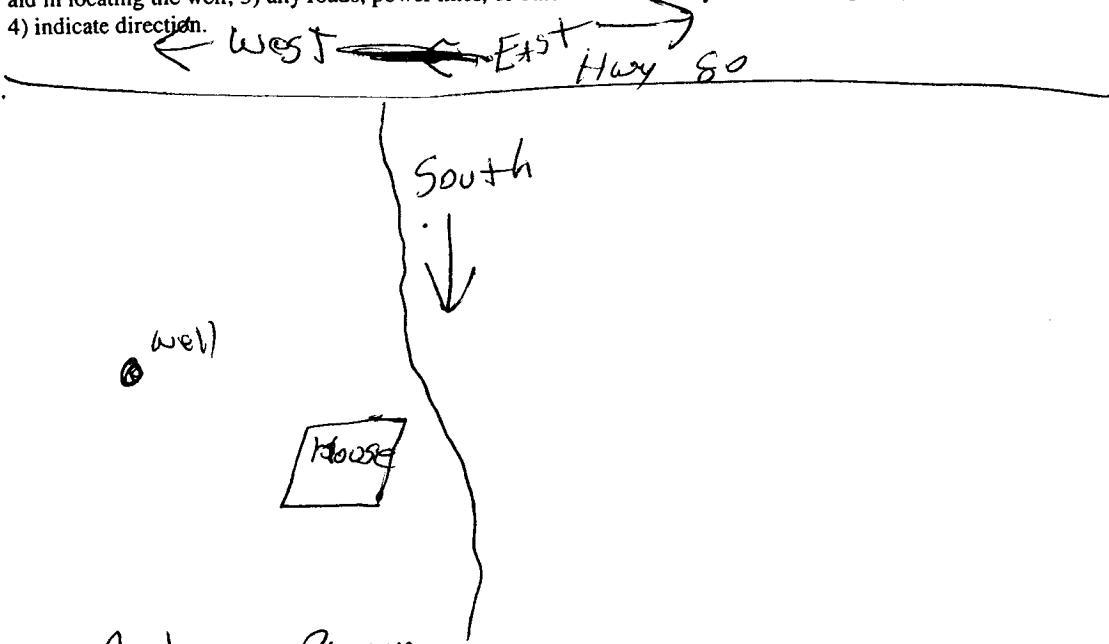
Ground Level



Description of Formations Encountered	From	To
Red Clay	0	8
Rock & Blue Clay	8	150
Sand	150	180

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.



Landowner Name: Richie Brown

Tim Smith  
Signature of Water Well Contractor

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-21  
 Elevation: \_\_\_\_\_

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Tim Smith  
 Date completed: 5-7-07

**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>Richie Brown</u>	Latitude: <u>32° 17.494</u> Longitude: <u>088.53818</u>
Mailing Address: <u>12521 Richie Brown RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Chunky MISS 39323</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	¼ ¼ Sec <u>4</u> Twn <u>T5N</u> Rng <u>R14E</u>
Telephone No. <u>(601) 655-8328</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>E</u> of <u>Chunky</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> 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 <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-7-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>6</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-7-07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</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 _____ GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</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)

Tim Smith  
 Signature of Pump Installer

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