

# 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 #: 558  
L. S. Elevation: R79  
E-log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: Tim Smith  
Date drilling completed: 2-16-08

**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>Brad Hurt</u>	Latitude: <u>32° 15' 17"</u> Longitude: <u>89° 44' 28"</u>
Mailing Address: <u>6899 BRADSON RD</u>	Method of Lat/Long (circle one): <u>10</u> Conventional Survey, <u>56</u>
<u>Meridian</u> <u>MISS</u> <u>39304</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>27</u> Twn <u>T5N</u> Rng <u>R-16-E</u>
Telephone No. <u>(601) 485-6604</u>	Distance Direction Nearest Town <u>15</u> Miles <u>South</u> of <u>Meridian</u> <u>15E</u>

**Well Data**

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

Date well drilling started: 2-16-08 Date well drilling completed: 2-16-08

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 2-16-08

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

Hole depth: 135 Well depth: 135 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 8 inches Setting depth: From 115 feet to 135 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**  
**FEB 28 2008**  
**BY: OLWR**

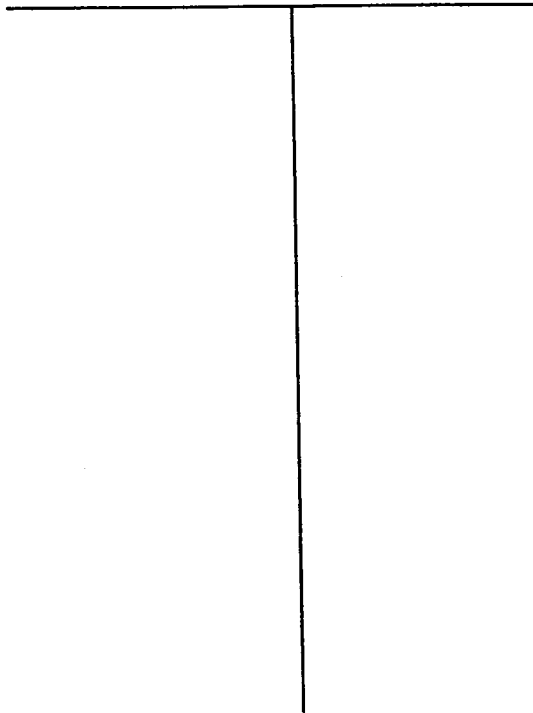
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Tim Smith \_\_\_\_\_ Tim Smith \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

5-58

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
0 - Red Clay	0	15
Blue Clay	15	25
Sand	25	135

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.

meridian

South

Bronson RD

Valley RD

Barn

well

RECEIVED  
FEB 28 2008  
BY: OLWR

Landowner Name: \_\_\_\_\_

Tom 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: 2-16-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 5-58  
 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>Brad Hurt</u>	Latitude: <u>32° 15' 17"</u> Longitude: <u>098° 44' 28"</u>
Mailing Address: <u>6899 Bronson Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Meridian Miss 39304</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>T5N</u> Rng <u>R16E</u>
Telephone No. <u>(601) 485-6604</u>	Distance Direction Nearest Town
	<u>15</u> Miles <u>South</u> of <u>Meridian</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>2-16-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>10</u>

RECEIVED  
 FEB 28 2008  
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-16-08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>10</u> feet after <u>4</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.

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