

# 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)

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: Willie L. Bryant  
 Date drilling completed: 11-5-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-119  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Colin Reed</u>	Latitude: <u>33° 32' 40"</u> Longitude: <u>090° 16' 13"</u>
Mailing Address: <u>801 N. Curtis Wood Ln.</u>	Method of Lat/Long (circle one): <u>54</u> Conventional Survey, <u>CE</u>
<u>Nashville TN 37204</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 35</u> Twn <u>20N</u> Rng <u>1W</u>
Telephone No. <u>(615) 316-6550</u>	Distance <u>3 1/2</u> Miles Direction <u>NW</u> of Nearest Town <u>Greenwood</u>

**Well Data**

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

Date well drilling started: 11-5-05 Date well drilling completed: 11-5-05

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

Static Water Level: 18 1/2 feet above or below (circle one) land surface Date measured: 11-5-05

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC 160

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC SCH 40

Screen slot size: 20/10 inches Setting depth: From 80 feet to 100 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: 0 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.

Willie L. Bryant 0-639  
 Print Name of Water Well Contractor and License No.

Willie L. Bryant  
 Signature of Water Well Contractor

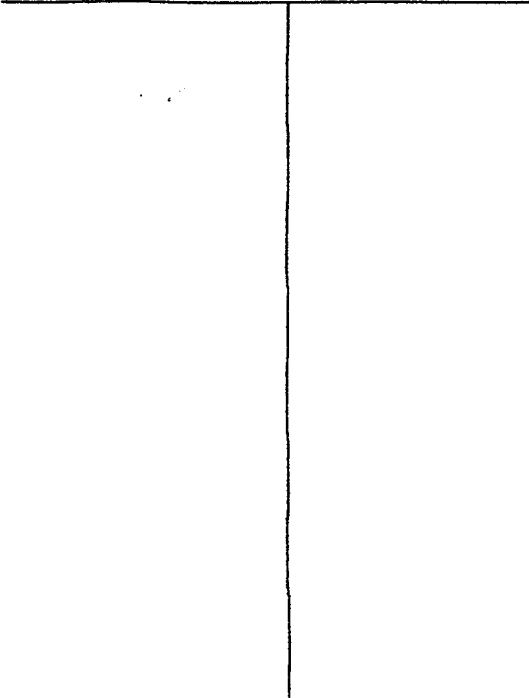
Drilled for: Irrigation Equipment Inc.

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If well telescopes please sketch below and show depths.

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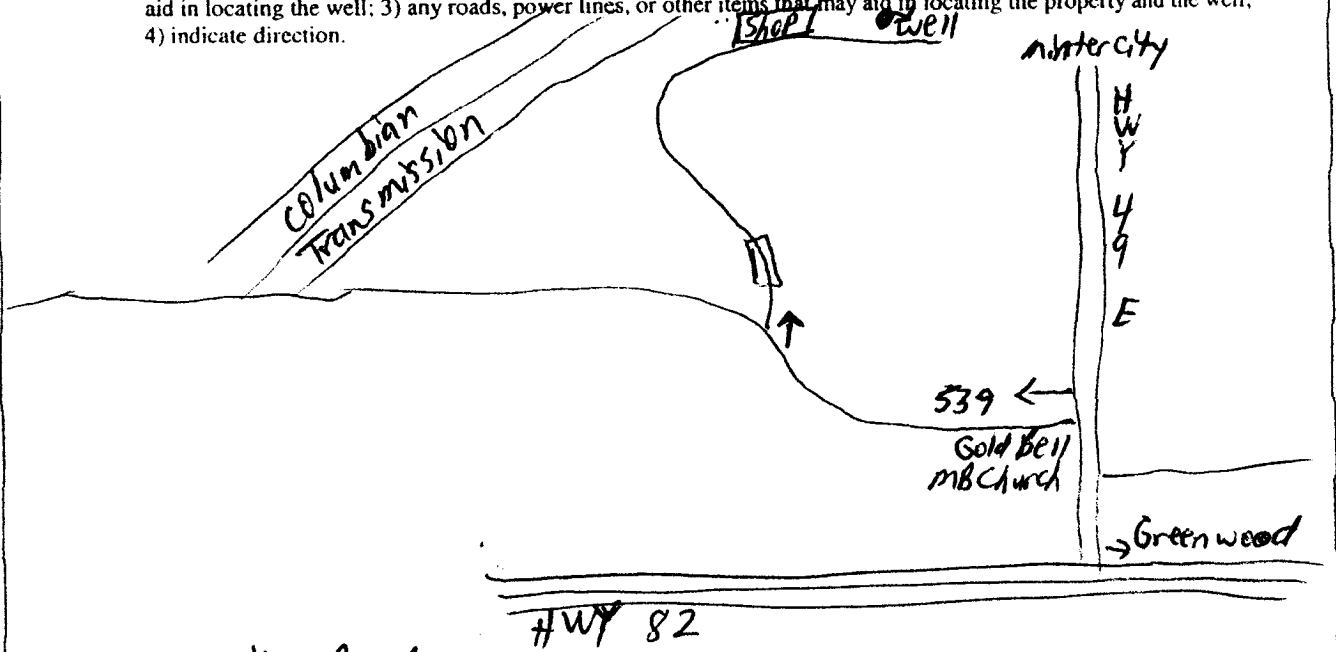
Ground Level



Description of Formations Encountered	From	To
Top Soil + Brown sand	0	20
Brown, fine, + med. sand	20	40
Med. + coarse sand	40	60
gravel	60	80
heavy gravel	80	100

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: Colin Reed

Willie L. Bryant  
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: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 11-11-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-119  
 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>Colin Reed</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>801 N. Curtiswood Lane</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Nashville, TN 37204</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City                      State                      Zip Code	_____ ¼ _____ ¼ Sec _____ 35 TwN _____ 20N Rng _____ 1W
Telephone No. ( <u>615-316-6550</u> )	Distance                      Direction                      Nearest Town
	<u>3.5</u> Miles <u>NW</u> of <u>Greenwood</u>

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>1 ½</u>
Date Pump Installed: <u>11-11-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>28</u> 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Patrick M. Chism 0695                      Patrick M. Chism  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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