

# 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 #: L-59  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Brian McClendon  
 Date drilling completed: 8/16/04

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>James Nettles</u>	Latitude: <u>31° 28' 49"</u> Longitude: <u>90° 2' 40"</u>
Mailing Address: <u>759 Culman Dr. SW</u>	Method of Lat/Long (circle one): Conventional Survey, <sup>27</sup> <sup>32</sup> <sup>75</sup>
<u>Bogue Chitto MS 39629</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> <u>SE</u> 1/4 Sec <u>19</u> Twn <u>6N</u> Rng <u>7E</u>
Telephone No. <u>(601) 823-1961</u>	Distance: <u>6</u> Miles Direction: <u>NW</u> Nearest Town: <u>Bogue Chitto</u>

**Well Data**

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

Date well drilling started: 8/16/04 Date well drilling completed: 8/16/04

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 8/16/04

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

Hole depth: 45 Well depth: 40 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 30 feet Casing diameter: 4 inches Type of casing: PK

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PK

Screen slot size: .010 inches Setting depth: From 30 feet to 40 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.

GREEN WATER WELL & SUPPLY

BRIAN MCCLENDON #664

Brian McClendon

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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SEP 07 2004

BY: OLWR



# 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 #: L-59

Elevation: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Brian McClendon  
 Date completed: 8/31/04

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>James Nettles</u>	Latitude: <u>31° 28' 44.9" N</u> Longitude: <u>90° 2' 41.0" W</u>
Mailing Address: <u>759 Auburn Dr. SW</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Boque Chitto MS 39629</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 19 Twn 6N Rng 7E</u>
Telephone No. <u>(601) 823-1961</u>	Distance Direction Nearest Town
	<u>6 Miles NW of Boque Chitto</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>8/31/04</u>	Setting Depth: <u>39</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/31/04</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>33</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>3</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.

Brian McClendon 664      Brian McClendon  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 SEP 07 2004  
 BY: OLWR