

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Lounis
Permit #:
Driller: Clardy Drill
Date drilling completed: 8/30/11

For Office Use Only:
Aquifer:
Well #: A44
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Landowner if borehole is not for a water well)
Owner Name: Perry Brown
Mailing Address: 25 Peyton Haley Dr.
Caledonia MS 39740
City State Zip Code
Telephone No. 602 356-6463

Well or Borehole Location
Latitude: N 33° 38' 39" Longitude: W 88° 22' 23"
Method of Lat/Long (circle one): Conventional Survey, 23
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4 Sec 25 Twn 16.5 Rng 18W
Distance Direction Nearest Town
2 Miles SW of Caledonia

Well / Borehole Data
Date drilling started: 8/29/11 Date drilling completed: 8/30/11 Hole depth: 246 Hole diameter: 4
Location of the source of any surface water used for drilling:
Method of dosing and volume of Chlorine used in drilling and development: 2 1/2# granular
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well [checked] Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe)

If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply Irrigation [checked] Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 104 feet above or below (circle one) land surface Date measured: 8/30/11
Method of Measurement (circle one): steel tape electric tape air line other:
Well depth: 246 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 156 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 0.13 inches Setting depth: From 201 feet to 241 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped [checked] Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: 5 feet. If telescoped or more than one screen, describe on next page



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Downs  
 Permit #: \_\_\_\_\_  
 Driller: Clardy  
 Date completed: 8/31/11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A44  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Perry Brown</u>	Latitude: <u>N 33° 38.391</u> Longitude: <u>W 088° 22.033</u>
Mailing Address: <u>25 Peyton Haley Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Caledonia, MS 39140</u>	<u>SE 1/4 SE 1/4 Sec. 25 T 16 S R 18 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 356-6463</u>	<u>2</u> Miles <u>SW</u> of <u>Caledonia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>8/31/11</u>	Setting Depth: <u>150'</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>104</u> Feet <input checked="" type="radio"/> 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 <u>35</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>35</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Donald B. Clardy UNR 00000496 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer