

# 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 #: C-14T  
L. S. Elevation: 6240  
E-log #: \_\_\_\_\_

87

County: Lowndes  
Permit #: 654  
Driller: David C. Brown  
Date drilling completed: 9/27/04

Mid-South Drilling Company, Inc. (601)354-6938 (fax)

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>Tom Roberts</u>	Latitude: <u>33° 31' 27"</u> Longitude: <u>88° 25' 54"</u>
Mailing Address: <u>2620 Canterbury Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Columbus</u> State: <u>MS</u> Zip Code: <u>39705</u>	<u>SW 1/4 SW 1/4</u> Sec. <u>9</u> Twn <u>17S</u> Rng <u>18W</u>
Telephone No. ( <u>662</u> ) <u>327-2867</u>	Distance _____ Miles Direction <u>4</u> Nearest Town <u>18S</u> in <u>Columbus</u> near <u>Golden Triangle Hospital</u>
<b>Well Data</b>	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>9/27/04</u> Date well drilling completed: <u>9/27/04</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>11</u> feet above or below (circle one) land surface Date measured: <u>9-27-04</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>34</u> Well depth: <u>34</u> Well grouted to a depth of <u>12</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>29</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>5</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.032</u> inches Setting depth: From <u>29</u> feet to <u>34</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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) <u>No log run</u> 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.	
<u>David C. Brown</u> Lic. # <u>654</u>	<u>David C. Brown</u>
Print Name of Water Well Contractor and License No.	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)

County: Owens  
 Permit #: 654  
 Driller: David C. Brown  
 Date completed: 9/27/04

**For Office Use Only:**

Aquifer: G240  
 Well #: ~~6240~~  
 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>Tom Roberts</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2620 Canterbury Road</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbus</u> MS <u>39705</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 8</u> Twn <u>17S</u> Rng <u>18W</u>
Telephone No. ( <u>662</u> ) <u>327-2867</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of in <u>Columbus</u> near <u>Golden Triangle Hospital</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> <u>Jet</u> <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	<u>Electric Motor</u> <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>3/4</u>
Date Pump Installed: <u>9/27/04</u>	Setting Depth: <u>28</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/27/04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>11</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>9</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.

David C. Brown Lic. #654

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

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