

# 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 #: H-44 87  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lowndes  
Permit #: 654  
Driller: David C. Brown  
Date drilling completed: 9/24/04

Mid-South Drilling Company, Inc.

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>Peggy Barksdale</u>	Latitude: <u>33° 27' 33"</u> Longitude: <u>88° 17' 52"</u>
Mailing Address: <u>534 Barksdale Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus</u> MS <u>39702</u>	<u>N1/4</u> <u>NE 1/4</u> Sec <u>34</u> ✓ TwN <u>18S</u> Rng <u>17W</u> ✓
City State Zip Code	Distance <u>5</u> Miles Direction <u>ESE</u> of Nearest Town <u>Columbus</u>
Telephone No. <u>(662) 243-2186</u>	

### Well Data

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

Date well drilling started: 9/24/04 Date well drilling completed: 9/24/04

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9/24/04

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

Hole depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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.

David C. Brown Lic. #654

David C. Brown

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

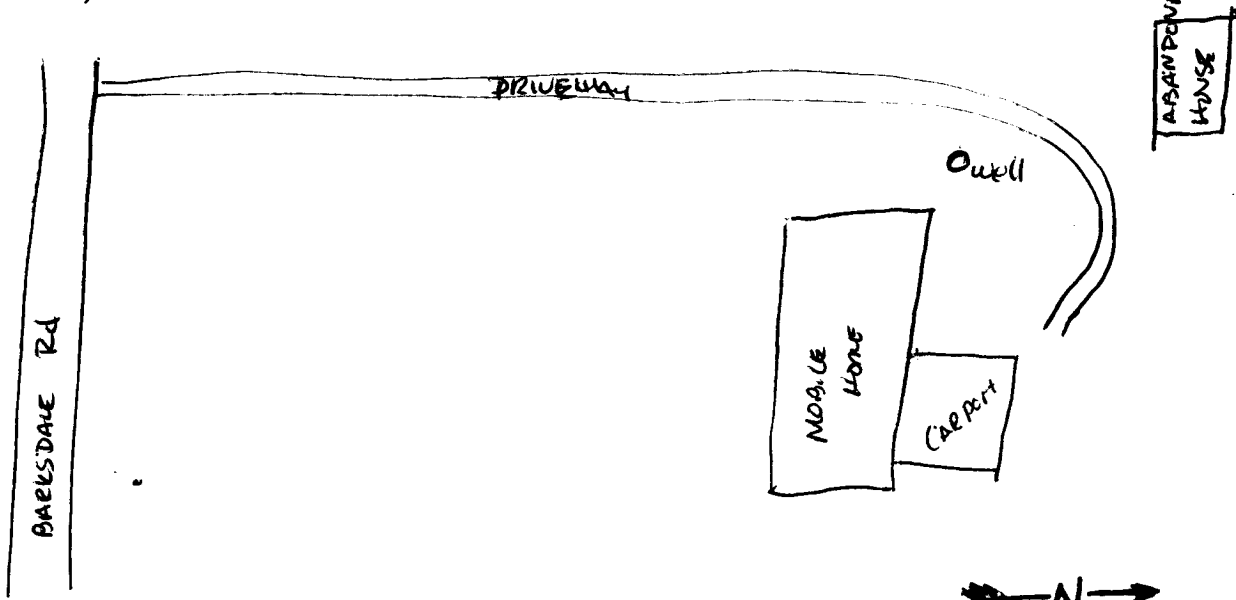
H-44



Description of Formations Encountered	From	To
clay	0	18
sand & gravel	18	33
clay	33	57
clay w/sand streaks	57	110
sand w/clay streaks	110	137
clay w/sand streaks	137	156
clay	156	174
sand w/clay streaks	174	181
sand	181	233
sand w/clay streaks	233	245
sand	245	252
clay w/sand streaks	252	260
Rock @ 110', 137', 147', 156', 161'		

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: Peggy Barksdale

David C. Brown  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-44  
 Elevation: \_\_\_\_\_

County: Lowndes  
 Permit #: 654  
 Driller: David C. Brown  
 Date completed: 9/26/04

**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>Peggy Barksdale</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>534 Barksdale Road</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbus</u> MS <u>39702</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> NE <u>1/4</u> Sec <u>34</u> Twn <u>18S</u> Rng <u>17W</u>
Telephone No. ( <u>662</u> ) <u>243-2186</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>ESE</u> of <u>Columbus</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>3/4</u>
Date Pump Installed: <u>9/24/04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/26/04</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>13</u> GPM with a drawdown of
Test Pumping Rate: <u>13</u> Gallons Per Minute	<u>30</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  
 Print Name of Pump Installer and License No. (if applicable)

*David C. Brown*  
 Signature of Pump Installer

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