

# 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-30  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Madison CO  
~~Madison CO~~  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Services  
 Date drilling completed: 10-7-05

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>Dan Gratton</u>	Latitude: <u>32° 36' 45"</u> Longitude: <u>90° 11' 04"</u>
Mailing Address: <u>5687 Stokes Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey.
<u>Canton MS</u> City State Zip Code	USGS quad, Hand-held GPS. Survey-grade GPS
Telephone No. <u>(601) 603-6398</u>	<u>SE 1/4 NW 1/4 Sec 22 Twn 9N Rng 1E</u>
	Distance <u>11</u> Miles <u>NW</u> Direction of <u>Canton, MS</u> Nearest Town

### Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 10-7-05 Date well drilling completed: 10-25-05  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 108 feet above or below (circle one) land surface Date measured: 10-24-05  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Hole depth: 565 Well depth: 560 Well grouted to a depth of 30 feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 530 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC  
 Screen slot size: 0.08 inches Setting depth: From 530 feet to 560 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): State Logger L-0030

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.

Arnold Fincher Sr 0598

Arnold Fincher Sr

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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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-30

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

County: Madison  
 Permit #: \_\_\_\_\_  
 Driller: Water Well Services  
 Date completed: 10-25-05

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>Don Grafton</u>	Latitude: <u>32-36-45</u> Longitude: <u>90-11-04</u>
Mailing Address: <u>5687 Stokes Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Canton, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>22</u> Twn <u>9 N</u> Rng <u>1 E</u>
Telephone No. <u>(601) 603-6398</u>	Distance Direction Nearest Town
	<u>11</u> Miles <u>N/W</u> of <u>Canton</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>10-24-05</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-25-05</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>108</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>131</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	_____ feet after _____ 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.

Arnold Fincher Sr 0598 Arnold Fincher Sr  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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