

# 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:

County: Marion  
Permit #: \_\_\_\_\_  
Driller: JAMES WELLS  
Date drilling completed: 7-31-06

Aquifer: \_\_\_\_\_  
Well #: P-71  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Perry Smith</u>		Latitude: <u>31° 05' 17"</u> Longitude: <u>89° 44' 09"</u>	
Mailing Address: <u>466 Clear Creek Church Rd</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Columbia, MS 39429</u>		USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		NW ¼ SW ¼ Sec: <u>32</u> Twn: <u>17N</u> Rng: <u>2E</u>	
Telephone No. <u>601-736-3608</u>		Distance: <u>15</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Columbia</u>	
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>7-31-06</u>		Date well drilling completed: <u>7-31-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____			
Static Water Level: <u>75</u> feet above or below (circle one) land surface		Date measured: <u>7-31-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>160</u> Well depth: <u>160 FT</u>		Well grouted to a depth of <u>16</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix			
Casing length: <u>140</u> feet Casing diameter: <u>4</u> inches		Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches		Type of screen: <u>PVC</u>	
Screen slot size: <u>008</u> inches		Setting depth: From _____ feet to _____ 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>JAMES WELLS</u> <u>0-586</u>		<u>James Wells</u>	
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

Description of Formations Encountered	From	To
7' 5" sand	0	2
Clay	2	25
Sand	25	160

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: Perry Smith

James Wells  
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 #: P-71

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

County: Madison  
Pump #: \_\_\_\_\_  
Installer: JAMES WELLS  
Date completed: 7-31-06

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>Perry Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>466 Clear Creek Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbia, MS 39429</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec. <u>32</u> Twn <u>17N</u> Rng <u>2E</u>
Telephone No. <u>(601) 736-3608</u>	Distance _____ Direction _____ Nearest Town <u>2 mi 17a</u>
	<u>15</u> Miles <u>SE</u> of <u>Columbia</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>1</u>
Date Pump Installed: <u>7-31-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-31-06</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>75</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>75</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.

JAMES WELLS 0-586  
Print Name of Pump Installer and License No. (if applicable)

James Wells  
Signature of Pump Installer

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