

# 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 #: G-62  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Joshoba  
Permit #: \_\_\_\_\_  
Driller: Tim Smith  
Date drilling completed: 10-27-06

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>John A Ford</u>	Latitude: <u>N 32° 45' 36.3"</u> Longitude: <u>W 89° 21' 18.7"</u>
Mailing Address: <u>10070 Rd 264</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Phila</u> <u>MISS</u> <u>39352</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4</u> Sec <u>34</u> Twn <u>T-11-N</u> Rng <u>R-12-E</u>
Telephone No. <u>(601) 656-6637</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>Phila</u>

**Well Data**

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

Date well drilling started: 10-19-06 Date well drilling completed: 10-27-06

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 10-24-06

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

Hole depth: 510 Well depth: 510 Well grouted to a depth of 30 feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 510 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 8 inches Setting depth: From 460 feet to 510 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: 300 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.

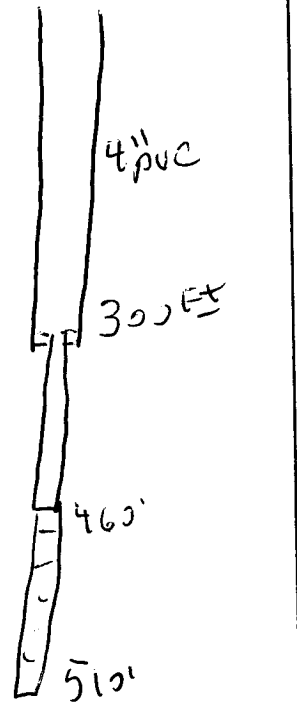
Smith Well Drilling 0-202  
Print Name of Water Well Contractor and License No.

Tim Smith  
Signature of Water Well Contractor

BY OLIVE

If well telescopes please sketch below and show depths.

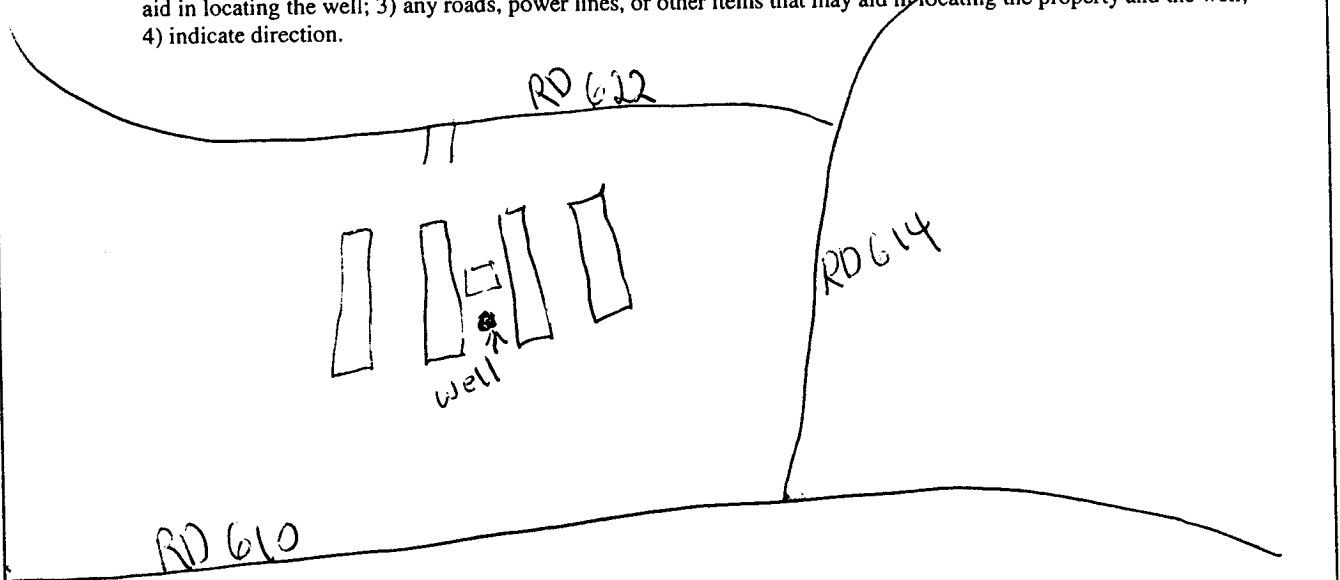
Ground Level



Description of Formations Encountered	From	To
Red Clay	0	15
Blue Clay	15	32
Sand	32	180
clay thd Sand	180	250
Blue Clay	250	440
Sand	440	510

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: John Alford

Tom Smith  
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 #: G-62  
 Elevation: \_\_\_\_\_

County: Neshoba  
 Permit #: \_\_\_\_\_  
 Driller: Tim Smith  
 Date completed: 10-27-06

**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>John Aiford</u>	Latitude: <u>N 32° 48, 563'</u> Longitude: <u>W 089° 01.957'</u> <span style="color: red; font-size: 1.2em;">52</span> <span style="color: red; font-size: 1.2em;">59</span>
Mailing Address: <u>10070 RD 264</u> <u>Phila, Miss</u> <u>39350</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>B4</u> Twn <u>T11N</u> Rng <u>R-12-E</u>
Telephone No. <u>(601) 656-6637</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>Phila</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>5</u>
Date Pump Installed: <u>10-24-06</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>19</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-24-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>285</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>55</u> GPM with a drawdown of
Test Pumping Rate: <u>55</u> Gallons Per Minute	<u>45</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Smith well Drilling 0-202  
 Print Name of Pump Installer and License No. (if applicable)

Tim Smith  
 Signature of Pump Installer

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