

# 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 #: M-39  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Neshoba  
Permit #: \_\_\_\_\_  
Driller: Can  
Date drilling completed: 9-14-07

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>Tomany Apperson</u>	Latitude: <u>32° 43' 24"</u> Longitude: <u>88° 54' 59"</u>
Mailing Address: <u>17011 Road 505</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Philadelphia</u> <u>MS</u> <u>39350</u>	<u>S</u> 1/4 <u>E</u> 1/4 Sec <u>12</u> Twn <u>10N</u> Rng <u>13E</u>
City State Zip Code	SE SE Distance Direction Nearest Town <u>12</u> Miles <u>East</u> of <u>Philadelphia MS</u>
Telephone No. ( <u>601</u> ) <u>656-9298</u>	

**Well Data**

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

Date well drilling started: 9-6-07 Date well drilling completed: 9-14-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) SE-13-07

Static Water Level: 140' feet above or below (circle one) land surface Date measured: 9-13-07

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

Hole depth: 320' Well depth: 320' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 290 feet to 320 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: 250 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.

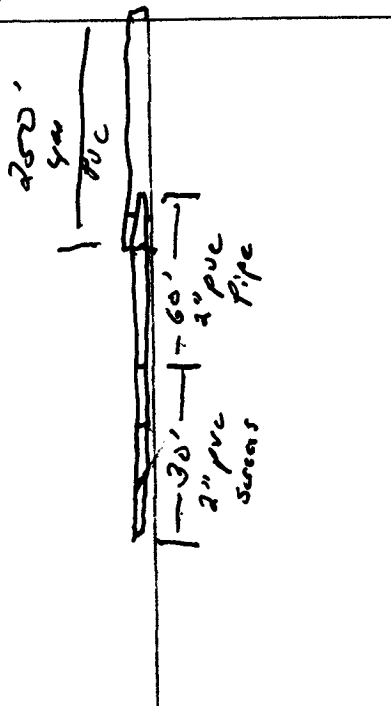
Ms Water Well Drilling  
Print Name of Water Well Contractor and License No. 0374

Nelson Can  
Signature of Water Well Contractor

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BY OLWP

If well telescopes please sketch below and show depths.

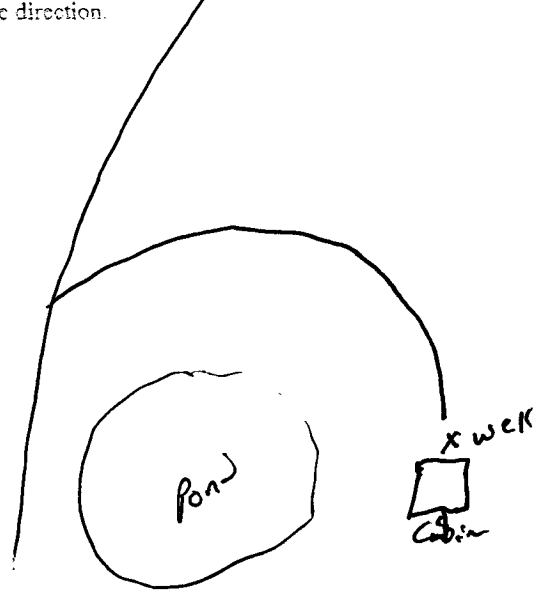
Ground Level



Description of Formations Encountered	From	To
Top soil clay	0	10
Clay & Sand	10	30
Clay	30	105
Sand	105	180
Clay	110	260
Rock	260	263
Shale	263	270
Sand Strata	270	280
Sand	280	320

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: Tommy Apperson

Nelson Cain  
Signature of Water Well Contractor

# 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: Neshoba  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date completed: 9-14-07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-39  
 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>Tommy Apperson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>17011 Road 505</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>1</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Philadelphia MS 39350</u>	<u>5</u> ¼ <u>E</u> ¼ Sec <u>12</u> Twn <u>10N</u> Rng <u>13E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (601) <u>656-9288</u>	<u>12</u> Miles <u>East</u> of <u>Philadelphia MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>9-13-07</u>	Setting Depth: <u>220'</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>60</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

MS Water Well Drilling Nelson Cain  
 Print Name of Pump Installer and License No. (if applicable) 0374 Signature of Pump Installer

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 BY: OLWR