

# 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-22  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: Tim Smith  
Date drilling completed: 7-17-05

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>Charles Alexander</u> |          | Latitude                             | <u>32° 27' <del>32</del> 20</u>         |
| Mailing Address:       | _____                    |          | Longitude                            | <u>88° 56' 33"</u>                      |
| _____                  | _____                    |          | Method of Lat/Long (circle one):     | Conventional Survey,                    |
| _____                  | _____                    |          | USGS quad                            | <u>Hand-held GPS</u> , Survey-grade GPS |
| City                   | State                    | Zip Code | <u>SW 1/4 SE 1/4 Sec 11 T4N R13E</u> |   |
| Telephone No. (____)   | _____                    |          | NW                                   | Distance                                |
|                        |                          |          | <u>10</u> Miles                      | Direction                               |
|                        |                          |          | <u>n</u>                             | Nearest Town                            |
|                        |                          |          |                                      | <u>Chuck</u>                            |

### Well Data

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

Date well drilling started: 7-14-05 Date well drilling completed: 7-17-05

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 285 Well depth: 285 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10 inches Setting depth: From 255 feet to 285 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.

Tim Smith 0-202

Tim Smith

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.

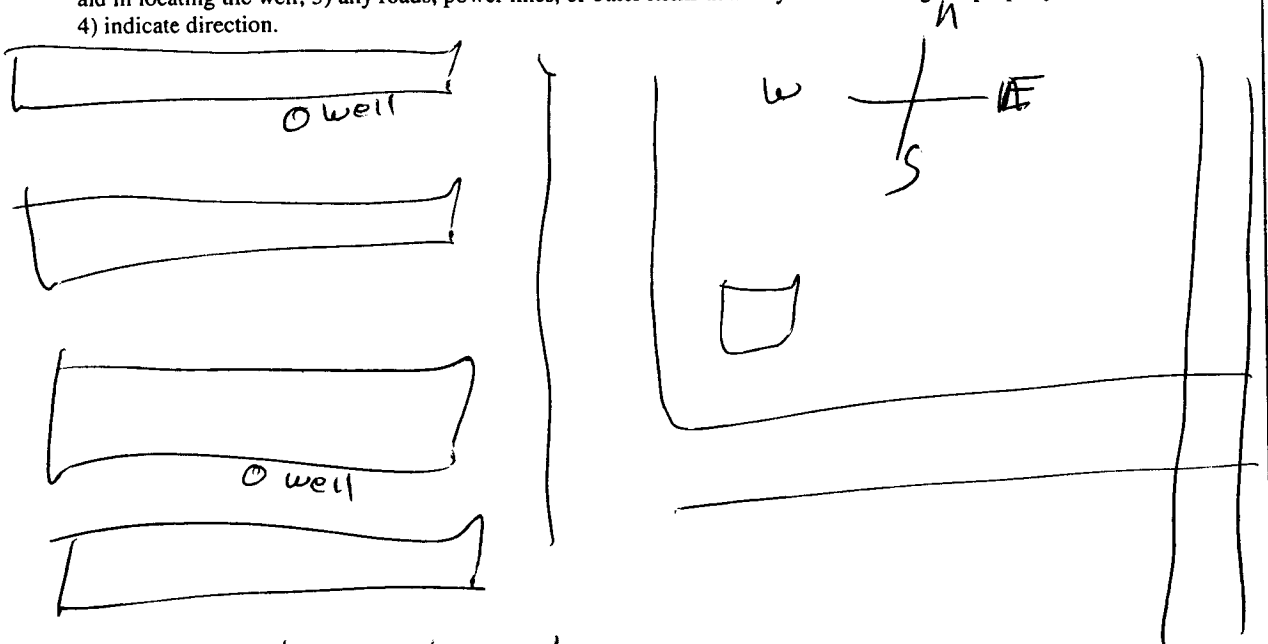
H-22

Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| CLAY                                  | 0    | 20  |
| Blue Clay                             | 20   | 60  |
| Rock                                  | 60   | 180 |
| CLAY SAND                             | 180  | 225 |
| SAND                                  | 225  | 285 |
|                                       |      |     |
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|                                       |      |     |

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: Charles Alvarado

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 #: H-22

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

County: Newton

Permit #: \_\_\_\_\_

Driller: Tim Smith

Date completed: 7-17-05

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>Charles Alexander</u>     | Latitude: <u>32 27 652</u> Longitude: <u>88 56 330</u>  |
| Mailing Address: _____<br>_____<br>_____ | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City _____ State _____ Zip Code _____    | ____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>T9N</u> Rng <u>R13E</u>  |
| Telephone No. (____) _____               | Distance _____ Direction _____ Nearest Town _____<br><u>8</u> Miles <u>n</u> of <u>Chunck</u>               |

| Pump Type<br>Circle one                           | Power Type<br>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</u>               |
| Date Pump Installed: <u>7-17-05</u>               | Setting Depth: <u>200</u> feet                      |
| Rated Pump Capacity: <u>40</u> Gallons Per Minute | Number of Stages: <u>10</u>                         |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one           |
|---|---|
| Date Well Tested: <u>7-17-05</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>140</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet     |
| Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface     | Well yielded <u>40</u> GPM with a drawdown of           |
| Test Pumping Rate: <u>40</u> Gallons Per Minute             | <u>40</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.

Tim Smith  
Print Name of Pump Installer and License No. (if applicable)

Tim Smith  
Signature of Pump Installer

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