

# State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39225

For Office Use Only

Aquifer: H53

Well #: \_\_\_\_\_

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

County: Prentiss  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling complet: 11-6-09

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>Mark Burton</u>	Latitude: <u>34.30.18</u> "Longitude: <u>89.46.57</u> "
Mailing Address: <u>879 Bloom rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Como, MS. 38619</u>	<u>SW 1/4 NE 1/4 Sec 12 Twn 17S Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901 598-6866</u>	<u>8</u> Miles <u>E</u> of <u>Como</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other \_\_\_\_\_

Date well drilling started: 11-6-09 Date well drilling completed: 11-6-09

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 11-6-09

Method of Measurement (circle one) steel tape electric tape air line other LINE & WEIGHT

Hole Depth: 180 Well depth: 180 Well grouted to a depth of 10 feet

Type of grout: (circle one): Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 TMS inches Setting depth: From 160 feet to 180 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

Top of lap pipe or reduction incasing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well 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.

Bob Smith 10-645  
Print name of Water Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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Ground Level

Description of Formations Encountered

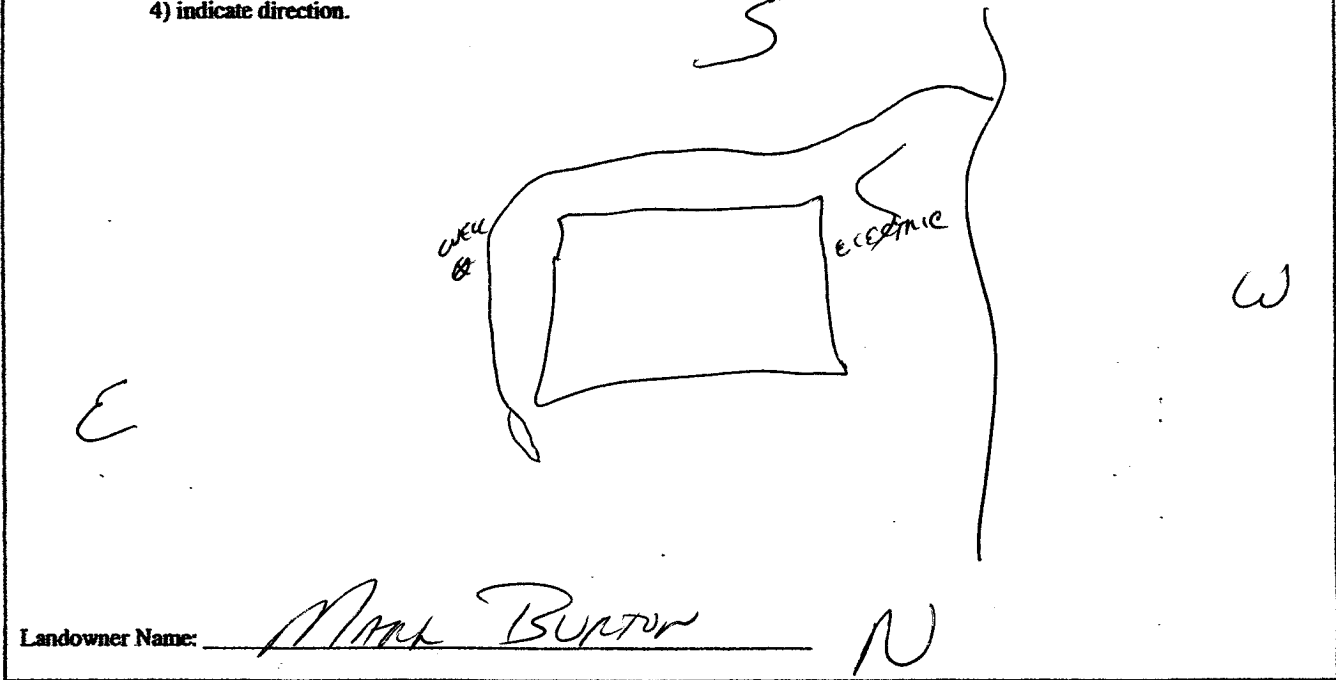
H53

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	28
WHITE CLAY SAND	28	108
WHITE CLAY	108	150
WHITE SAND	150	180

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: MARK BURTON N

[Signature]  
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 2309  
Jackson, MS 39225

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Aquifer: <u>H53</u>	
Well #: _____	
Elevation: _____	

County: <u>PANOLA</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>11-6-09</u>

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>MARK BURTON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>879 Bloom Rd</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>Como MS 38619</u>	<u>1/4 1/4 Sec H-1 Twn T15 Rng R60</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 598-6866</u>	<u>8</u> miles <u>E</u> of <u>Como</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>3/4</u>
Date Pump Installed: <u>11-6-09</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>12</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>11-6-09</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level(A): <u>95</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown[(B)-(A)]: _____ feet below Land Surface	Well yielded <u>11</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>11</u> gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>BOB SMITH 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer

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NOV 10 2009

BY: OLWR