

# State Well Report

## Part I

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 #: A-80  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Oktaha  
Permit #: 6W42271  
Driller: Delta Drilling of Tunica  
Date drilling completed: 11-1-07

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>Warner Wadlington</u>	Latitude: <u>34 27 .637"</u> Longitude: <u>89 0 .16 .640"</u>
Mailing Address: <u>300 Warner Dr,</u> <u>Sledge MS. 38670</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 SW 1/4 Sec 17 Twn 7.8 Rng 10 W</u>
Telephone No. <u>(662) 619-0193</u>	Distance _____ Direction _____ Nearest Town _____ <u>6 Miles NW of Sledge MS</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation<sup>P</sup> Fish Culture Other: Replaced well

Date well drilling started: 11-1-07 Date well drilling completed: 11-1-07 6W5545

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 11-8-07

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

Hole depth: 93 Well depth: 93 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 16 inches Type of casing: PLC

Screen length: 53 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 53 feet to 93 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: Visual

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.

ALAN PYLE 2674  
Print Name of Water Well Contractor and License No.

Alan Pyle  
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 #: A-80  
Elevation: \_\_\_\_\_

County: Quitman  
Permit #: GW 42271  
Driller: Delta Drilling  
Date completed: 11-8-07

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>Werner Wadlington</u>	Latitude: <u>34-27-637</u> Longitude: <u>290-16-640</u>
Mailing Address: <u>700 Werner Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sledge MS 38670</u>	USGS quad. <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 17 Twn 7 S Rng 0 W</u>
Telephone No. <u>(601)-619-0193</u>	Distance Direction Nearest Town
	<u>6 Miles NE of Sledge</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>11-8-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

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

Delta DELTA DRILLING OF TUNICA \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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NOV 30 2007

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