

# 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-82  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: 6W42529  
Driller: Delta Drilling of Tunica Inc.  
Date drilling completed: 5-22-08

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>Clay Wellington</u>	Latitude: <u>N34° 27' 903"</u> Longitude: <u>96° 16' 319"</u>
Mailing Address: <u>500 Wellington Rd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
City: <u>Sledge</u> State: <u>Ms.</u> Zip Code: <u>38670</u>	USGS quad: <u>SE 1/4 NW 1/4 Sec 20 Twn 7S Rng 10W</u>
Telephone No. <u>(662) 654-0196</u>	Distance: <u>4.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Sledge, Ms.</u>

**Well Data**

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

Date well drilling started: 5-22-08 Date well drilling completed: 5-22-08

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 5-26-08

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

Hole depth: 85' Well depth: 85' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 45 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PK

Screen slot size: .050 inches Setting depth: From 45' feet to 85' feet

Type of completion (circle all applicable): Gravel packed Undecreamed 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.

Delta Drilling of Tunica Inc. 0674  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
JUN 13 2008  
BY: OLWR



# 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-82  
Elevation: \_\_\_\_\_

County: Quitman  
Permit #: QW 42529  
Driller: Delta Drilling of Tunisia Inc.  
Date completed: 5-22-08

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>Clay Wadlington</u>	Latitude: <u>N34° 27' 9.23"</u> Longitude: <u>90° 16' 31.9"</u>
Mailing Address: <u>500 Wadlington Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Sledge</u> Ms. <u>38670</u>	USGS quad. <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 20 Twn 75 Rng 11W</u>
Telephone No. (602) <u>654-0196</u>	Distance Direction Nearest Town <u>4.5 miles NW of Sledge, Ms.</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>5-26-08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>3,000</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 checked="" 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 Drilling of Tunisia Inc. 26274 \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUN 13 2008  
BY: OLWR