

# 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 #: C-23  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: DeSoto  
Permit #: 00011195  
Driller: Delta Drilling  
Date drilling completed: 6-15-06

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>John Price Jr.</u>	Latitude: <u>N 34° 23' 23"</u> Longitude: <u>W 90° 12' 38"</u>
Mailing Address: <u>8464 Bagnone Rd</u>	Method of Lat/Long (circle one): <u>19</u> Conventional Survey, <u>23</u>
<u>Cordova TN 38018</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 13 Twn 8S Rng 10W</u>
Telephone No. <u>(601) 754-0566</u>	Distance Direction Nearest Town
	<u>2.5</u> Miles <u>E</u> of <u>Falcons MS</u>

Well Data

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

Date well drilling started: 6-14-06 Date well drilling completed: 6-15-06

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 6-16-06

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

Hole depth: 102 Well depth: 102 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0050 inches Setting depth: From 60 feet to 100 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.

ALAN PYLE 0674 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
JUL 13 2006  
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 #: C-73  
 Elevation: \_\_\_\_\_

County: Quitman  
 Permit #: 36041194  
 Driller: Delta Drilling - Ingersoll  
 Date completed: 6-16-06

**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>John Perice Jr.</u>	Latitude: <u>34 23 239</u> Longitude: <u>90 - 12 389</u>
Mailing Address: <u>8464 Bagens Rd</u>	Method of Lat/Long (circle one): <u>14</u> Conventional Survey, <u>23</u>
<u>Cordova TN 38014</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 13 Twn 8 S Rng 10W 1E</u>
Telephone No. <u>(601) 954-0566</u>	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>E</u> of <u>FALCON</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

**RECEIVED**  
JUL 13 2006

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line 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	

**BY: OLWR**

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

ALAN DYLE \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer