

# 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-75  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: DeSoto  
 Permit #: OP 41277  
 Driller: Delta Drilling  
 Date drilling completed: 5-7-07

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>John Perice Jr.</u>	Latitude: <u>34.23.664"</u> Longitude: <u>90.12.360.21</u>
Mailing Address: <u>8464 Boyette Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ordova TN 38018</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 13 Twn 8 S Rng 10 W</u>
Telephone No. <u>906 954-0566</u>	Distance Direction Nearest Town
	Miles of _____

### Well Data

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

Date well drilling started: 5-7-07 Date well drilling completed: 5-7-07

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 5-10-07

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

Hole depth: 100 Well depth: 100 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: 0032 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: VTS

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

[Signature]

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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Permit #: 621000  
 Driller: Delta Drilling  
 Date completed: 5-10-07  
6W41771

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Aquifer: \_\_\_\_\_  
 Well #: C-75  
 Elevation: \_\_\_\_\_

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 Renick, Jr</u>	Latitude: <u>34-23 664</u> Longitude: <u>89-12 360</u>
Mailing Address: <u>8464 Borgman Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cordova TN 38019</u>	USGS quad. <u>Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SW ¼ NW ¼ Sec 13 Twn 8 S Rng 10 W</u>
Telephone No. <u>901 754-0566</u>	Distance Direction Nearest Town
	<u>9 Miles E of Talon</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piston <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>5-10-07</u>	Setting Depth: <u>100</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.

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

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