

# 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-77  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Quitman  
Permit #: GW41768  
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</u>
Mailing Address: <u>8464 Boyzine Rd.</u>	Method of Lat/Long (circle one): <u>40</u> Conventional Survey, <u>21</u>
<u>Ordova TN 38018</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 Sec 13 Twn 8 S Rng 10 W</u>
Telephone No. <u>906 954-0566</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>Tolson</u>

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: 100 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 5032 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: VKS

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]

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

C-77

Ground Level 6W 41768

Description of Formations Encountered	From	To
Top Soil	0	35
Very Fine Sand	35	60
Coarse Sand	60	97
Clay	97	105

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.

The sketch shows a property boundary with a curved line on the left labeled "SOUTH LAKE". A horizontal line represents "BRILLANTINE Rd". A dot in the center is labeled "well". A north arrow is on the left. On the right side, there is a vertical line labeled "700m" and "May 3".

Landowner Name: John Perince

[Signature]  
Signature of Water Well Contractor

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

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Aquifer:                       
 Well #: C-77  
 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 Renier Jr</u>	Latitude: <u>34-23.664</u> Longitude: <u>90 12 360</u>
Mailing Address: <u>8464 Boggs Rd</u>	Method of Lat/Long (circle one): <u>90</u> Conventional Survey, <u>21</u>
<u>Centora TN 38018</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 13 Twn 8 S Rng 10 W</u>
Telephone No. <u>601 754-0566</u>	Distance Direction Nearest Town
	<u>9 Miles E of Tabor</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5-10-07</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>100</u> Setting Depth: <u>100</u> feet Number of Stages: <u>2</u>
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Submersible <input type="checkbox"/> Flowing Well	

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): _____ Foot Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown (B) - (A): _____ Foot 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)

Alan Dyer  
 Signature of Pump Installer

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 MAY 24 2007  
 BY: OLWR