

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: G 140
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Quitman
Permit #: GW43521
Driller: Willie Bryant
Date drilling completed: 9-13-09

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>Mike Dill</u>		Latitude:	<u>34.13</u> ²³ / ₃₆ ° N Longitude: <u>090.20</u> ⁵⁴ / ₃₆ ° W
Mailing Address:	<u>3815 Winchester Rd. Memphis TN 38118</u>		Method of Lat/Long (circle one):	Conventional Survey
City	State	Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS:	
Telephone No.	<u>(901) 827-9386</u>		<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>7</u> Twn <u>27N</u> Rng <u>2W</u>	
			Distance <u>4</u> Miles Direction <u>SW</u> of Nearest Town <u>Marks</u>	
			<u>Mays Rd.</u>	

Well Data						
Purpose of Well (circle one)	Home	Industrial	Public Supply	Irrigation	Fish Culture	Other: <u>Duck Pond</u>
Date well drilling started:	<u>9-13-09</u>		Date well drilling completed:	<u>9-13-09</u>		
If flowing, method of flow regulation:	Valve	Other (describe) _____				
Static Water Level:	<u>18</u>	feet above or below (circle one) land surface	Date measured:	<u>9-19-09</u>		
Method of Measurement (circle one)	steel tape	electric tape	air line	other: <u>Rope + weight</u>		
Hole depth:	<u>102'</u>	Well depth:	<u>100'</u>	Well grouted to a depth of	<u>10</u> feet	
Type of grout (circle one):	Cement	<u>Bentonite</u>	Mix			
Casing length:	<u>60</u> feet	Casing diameter:	<u>6</u> inches	Type of casing:	<u>PVC</u>	
Screen length:	<u>40</u> feet	Screen diameter:	<u>6</u> inches	Type of screen:	<u>PVC slotted</u>	
Screen slot size:	<u>0.032</u> inches	Setting depth: From	<u>60</u> feet to	<u>100</u> feet		
Type of completion (circle all applicable):	<u>Gravel packed</u>	Underreamed	Telescoped	Open hole	Natural Development	
Other (describe): _____						
Top of lap pipe or reduction in casing:	<u>-0-</u> feet.	If telescoped or more than one screen, describe on back of page				
Logs run (circle all applicable):	<u>No log run</u>	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.

Willie L. Bryant 0-639
Print Name of Water Well Contractor and License No.

Willie L. Bryant
Signature of Water Well Contractor

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OCT 09 2009
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)

County: Quitman
 Permit #: 6W43521
 Driller: Willie Bryant
 Date completed: 9-19-09

For Office Use Only:

Aquifer: 6140
 Well #: _____
 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>Mike Dill</u>	Latitude: <u>34° 13.76N</u> Longitude: <u>090° 20.54W</u>
Mailing Address: <u>3815 Winchester Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Memphis TN 38118</u> City State Zip Code	____ ¼ ____ ¼ Sec <u>7</u> Twn <u>27N</u> Rng <u>1W</u>
Telephone No. <u>(901) 827-9386</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Marks</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>9-19-09</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>358</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-19-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>18'</u> Feet Below Land Surface	Other (specify): <u>Rope & weight</u>
Pumping Water Level (B): <u>28</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>325</u> GPM with a drawdown of
Test Pumping Rate: <u>325</u> Gallons Per Minute	<u>10</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Willie L. Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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