

6W41150  
 County: Sharkey  
 Permit #: 6W41150  
 Driller: \_\_\_\_\_  
 Date drilling completed: \_\_\_\_\_

# 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 #: D-37  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

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>THOMAS PAUL WOODRUFF</u>	Latitude: <u>32° 59' 20" N</u> Longitude: <u>90° 41' 54" W</u>
Mailing Address: <u>943 D.T. WHITE ROAD</u>	Method of Lat/Long (circle one): Conventional Survey
City: <u>ANGUILLA</u> State: <u>MS</u> Zip Code: <u>38721-9679</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. (662) <u>836-5302</u>	SE 1/4 SW 1/4 Sec. <u>10</u> Twn <u>13N</u> Rng <u>5W</u>
	Distance _____ Miles Direction _____ of Nearest Town _____

**Well Data**

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

Date well drilling started: 5-31-06 Date well drilling completed: 5-31-06

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-9-06

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: 80 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 28 inches Setting depth: From 80 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): N/A

Top of lap pipe or reduction in casing: N/A 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: N/A

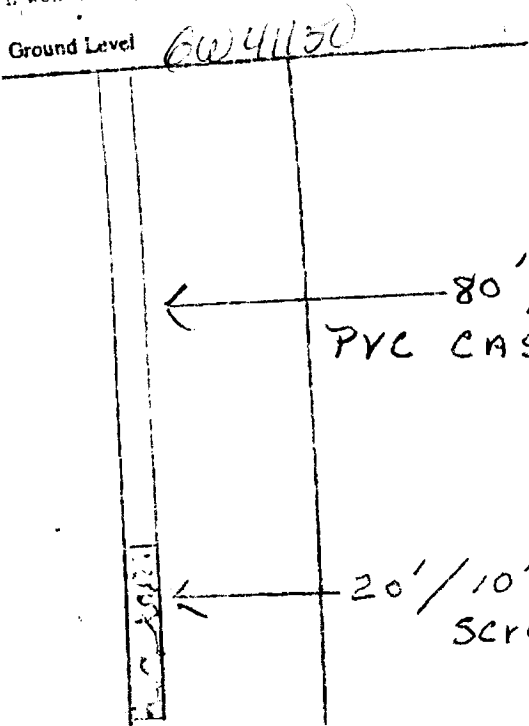
Name of organization running log(s): \_\_\_\_\_

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.

Robert Byars 0-543 Robert Byars  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths



Description of Formations Encountered	From	To
CLAY	0	8
COURSE SAND & GRAVEL	8	50
COURSE SAND	50	70
COURSE SAND & P-gravel	70	80
COURSE SAND	80	100

D-37

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.

Louise MS

DT White Rd

14 Hwy

App: 8 mile from Aquilla MS

well

.08 of a mile from State 14 Hwy to House site

(S)

(N)

Landowner Name: THOMAS PAUL woodruff

Robert Bryan  
Signature of Water Well Contractor

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# 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: \_\_\_\_\_  
 Permit # QW41150  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-37  
 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>THOMAS PAUL WOODRUFF</u>	Latitude: <u>32° 59' 20"</u> Longitude: <u>90° - 41' 54" W</u>
Mailing Address: <u>943 D.T. WHITE ROAD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Anguilla</u> , MS. <u>38721-9679</u> City State Zip Code	USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. <u>(662) 836-5302</u>	<u>1/4</u> <u>1/4</u> Sec. <u>10</u> Twn <u>13N</u> Rng <u>5E</u>
	Distance Direction Nearest Town
	<u>8</u> Miles <u>EAST</u> of <u>ANGUILLA, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10 HP</u>
Date Pump Installed: <u>6-9-06</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>450</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shot 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.

Robert Byars 0-543 Robert Byars  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 14 2006  
 BY: OLWR