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State Well Report

Part I

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 #: B-31
L. S. Elevation: _____
E-log #: _____

129

County: SMITH
Permit #: _____
Driller: A-1 DRILLING SERV
Date drilling completed: 9-20-04

A-1 Drilling Service, Inc

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>J.D. PARKMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>59 SCR 502</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>PULASKI MS 39152</u>	<u>NW 1/4 SW 1/4 Sec. 35 Twn 4N Rng 7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 536-2211</u>	<u>1/2</u> Miles <u>NW</u> of <u>BURKS</u>

Well Data

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

Date well drilling started: 9-14-04 Date well drilling completed: 9-20-04

If flowing, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 40 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 90' Well depth: 89' Well grouted to a depth of 54 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 79 feet to 89 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: NA 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): NA

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.

A-1 DRILLING SERV, INC 0410

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

OCT 11 2004

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 #: B-31

Elevation: _____

County: SMITH
 Permit #: _____
 Driller: A-1 DRILL SERV
 Date completed: 9-20-04

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>J.D. PARKMAN</u> Mailing Address: _____ <u>59 SCR 502</u> <u>PULASKI MS 39152</u> <small>City State Zip Code</small> Telephone No. <u>(601) 536-2211</u>	Latitude: <u>NA</u> Longitude: <u>NA</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 35 Twn 4N Rng 7E</u> Distance Direction Nearest Town <u>1/2</u> Miles <u>NW</u> of <u>BURNS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>9-20-04</u> Rated Pump Capacity: <u>33</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>2</u> Setting Depth: <u>75</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u> Static Water Level (A): <u>40</u> Feet Below Land Surface Pumping Water Level (B): <u>NA</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface Test Pumping Rate: <u>NA</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: <u>NA</u> feet Well yielded <u>NA</u> GPM with a drawdown of <u>NA</u> feet after <u>NA</u> hours of pumping

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

MIKE BAUGHMAN 587 Mike Baughman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 OCT 11 2004
 BY: OLWR