

DEA

# 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-20  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

129

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRILLING SERV  
 Date drilling completed: 10-04-04

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>TERRY ROBERTS</u>	Latitude: <u>32° 08' 54"</u> Longitude: <u>89° 24' 45"</u>
Mailing Address: <u>9940 HIGHWAY 501</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>FOREST</u> <u>MS</u> <u>39074</u> City State Zip Code	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>31</u> Twn <u>4N</u> Rng <u>9E</u>
Telephone No. <u>(601) 789-5687</u>	Distance <u>1</u> Miles Direction <u>NW</u> of Nearest Town <u>PINEVILLE</u>

**Well Data**

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

Date well drilling started: 9-27-04 Date well drilling completed: 10-04-04

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

Static Water Level: 52 feet above or below (circle one) land surface Date measured: 10-1-04

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

Hole depth: 484' Well depth: 477' Well grouted to a depth of 24 feet

Type of grout (circle one):  Cement Bentonite Mix

Casing length: 447 feet Casing diameter: 4 inches Type of casing: GALV. T&C

Screen length: 30 feet Screen diameter: 4 inches Type of screen: Bar weld st steel

Screen slot size: .006 inches Setting depth: From 447 feet to 477 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

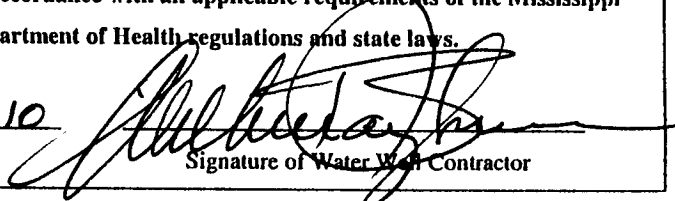
Logs run (circle all applicable): No log run   Electric  Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

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

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

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If well telescopes please sketch below and show depths.

Ground Level

D-21



Description of Formations Encountered	From	To
Clay, tan	6	6
Clay, gray	6	55
Rock	55	
Clay, lot gray	55	264
Clay, gray upward strks	264	301
Rock	301	307 1/2
Clay, brown	307 1/2	344
Clay, sandy, sand, fossils	344	359
Sand, v. f.	359	367
Clay, sandy	367	374
Clay, soft, brown	374	380
Sand, v. f.	380	385
Clay, sandy	385	400
Clay, sandy, Sand, v. f.	400	407
Clay, sandy	407	419
Sand, v. f., lignite	419	421
Clay, sandy	421	440
Rock	440	
Sand, v. f.	440	477
Clay, stiff, brown	477	484

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.



Landowner Name: TERRY ROBERTS

*[Handwritten Signature]*  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: D-21

Elevation: \_\_\_\_\_

County: SMITH

Permit #: \_\_\_\_\_

Driller: A-1 DRILL SERV

Date completed: 10-04-04

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>TERRY ROBERTS</u>	Latitude: <u>32°08'54"</u> Longitude: <u>89°24'45"</u>
Mailing Address: <u>9940 HIGHWAY 501</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>FOREST MS 39074</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec. 31 Twn 4N Rng 9E</u>
Telephone No. (601) <u>789-5687</u>	Distance Direction Nearest Town
	<u>± 1</u> Miles <u>NW</u> of <u>PINEVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10-04-04</u>	Setting Depth: <u>168</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>52</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of
Test Pumping Rate: <u>NA</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	

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

A-1 DRILLING SER 587  
Print Name of Pump Installer and License No. (if applicable)

Mike Bayliss  
Signature of Pump Installer

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