

# 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 #: K34  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SMITH  
Permit #: \_\_\_\_\_  
Driller: JR Parker  
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>DALE MADDOX</u>	Latitude: <u>31° 58' 40" N</u> Longitude: <u>89° 27' 01" W</u>
Mailing Address: <u>SCR-95</u> <u>RALEIGH MS-</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>2</u> Rng <u>4 SW</u>
Telephone No. (____) _____	Distance: <u>8</u> Miles Direction: <u>S.E.</u> of Nearest Town: <u>RALEIGH</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 5-6-07 Date well drilling completed: 5-16-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 60 feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
Method of Measurement (circle one) steel tape electric tape air line other: DROP PIPE  
Hole depth: 195' Well depth: 180' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 150' feet Casing diameter: 2" inches Type of casing: PVC  
Screen length: 30' feet Screen diameter: 2" inches Type of screen: PVC  
Screen slot size: 008 inches Setting depth: From 150' feet to 180' 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: \_\_\_\_\_  
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.

JOHNY R. PARKER  
Print Name of Water Well Contractor and License No.

Johny R Parker  
Signature of Water Well Contractor

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MAY 31 2007  
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 #: K34  
 Elevation: \_\_\_\_\_

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: J.R. Parker  
 Date completed: 5-16-07

**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>DALE MADDOX</u>	Latitude: <u>31.5840</u> Longitude: <u>89.2701</u>
Mailing Address: <u>SCR 95</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>RALEIGH MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City                      State                      Zip Code	_____ 1/4 _____ 1/4 Sec <u>26</u> Twn <u>4</u> Rng <u>4</u>
Telephone No. (____) _____	Distance                      Direction                      Nearest Town
	<u>8</u> Miles <u>S.E.</u> of <u>RALEIGH</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket <input type="radio"/> Piston                      Turbine	<input checked="" type="radio"/> Electric Motor                      Hand                      Tractor PTO
Centrifugal <input type="radio"/> Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-15-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-16-07</u>	Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>DROP PIPE</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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: <u>8</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

John R. PARKER                      John R. Parker  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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 MAY 31 2007  
 BY: OLWR