

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)

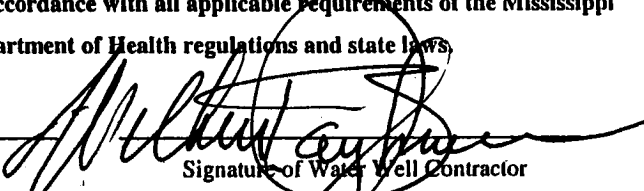
For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 0-34  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

129

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: A-1 DRLG SERV  
 Date drilling completed: 10-13-04

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>ODIE BRYANT</u> Mailing Address: <u>PO. BOX 1161</u> <u>BAY SPRINGS MS 39422</u> City State Zip Code Telephone No. ( <u>601</u> ) <u>764-3761</u>	Latitude: <u>31° 35' 55"</u> Longitude: <u>89° 20' 20"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 14 Twn 1N Rng 9E</u> Distance Direction Nearest Town <u>1.5</u> Miles <u>SW</u> of <u>BAY SPRINGS</u>
Well Data	
Purpose of Well (circle one) Home <input checked="" type="radio"/> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>10-05-04</u> Date well drilling completed: <u>10-12-04</u>	
If flowing, method of flow regulation: Valve <u>NA</u> Other (describe) _____	
Static Water Level: <u>193</u> feet above or below (circle one) land surface Date measured: <u>10-12-04</u>	
Method of Measurement (circle one) steel tape <input checked="" type="radio"/> electric tape air line other: _____	
Hole depth: <u>460'</u> Well depth: <u>393'</u> Well grouted to a depth of <u>60</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement Bentonite <input checked="" type="radio"/> Mix	
Casing length: <u>316</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>GALV STEEL</u>	
Screen length: <u>25</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>BAR WELD ST. ST.</u>	
Screen slot size: <u>.005</u> inches Setting depth: From <u>316</u> feet to <u>392</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <input checked="" type="radio"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>NA</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): No log run <input checked="" type="radio"/> Electric <input checked="" type="radio"/> Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>OFFICE OF GEOLOGY</u>	
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. <u>Wilbur T. Baughman</u> 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.

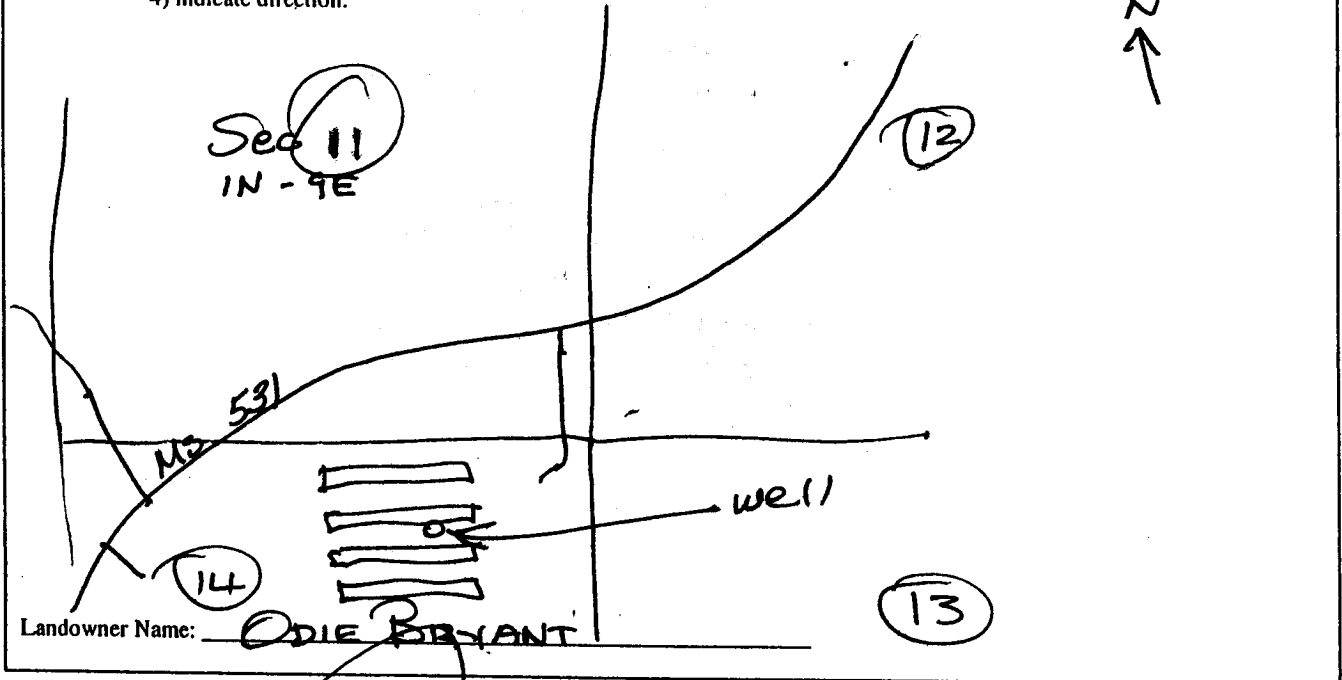
Ground Level

0 - 34

Description of Formations Encountered	From	To
Clay, red, sandy	0	16
Sand, yellow	16	44
Clay, white, sandy	44	65
Clay, tan, stiff	65	72
Loam	72	72
Clay, tan, stiff	72	112
Sand	112	142
Clay w/ sandy streaks	142	154
Sand	154	160
Sand & clay mixed, brown	160	233
Sand	233	237
Rock - Clay, gray	237	272
Rock	272	282
Clay	282	283
Rock	283	285
Clay	285	286
Rock	286	286 1/2
Clay	286 1/2	287
Rock	287	289
Clay, stiff w/ rck stks	289	299
Rock	299	300
Clay w/ sdy stks	300	308
Sand & clay	308	313
Sand	313	327
Clay w/ sandy stks, clay	327	375
Sand	375	392
Sand w/ sm clay bks, clay, gray	392	460

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.



Signature of Water Well Contractor

*Albert E. Johnson*

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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 #: Ø-34

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

County: SMITH

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

Driller: A-1 DRILG SERV

Date completed: 10-13-04

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>ODIE BRYANT</u>	Latitude: <u>31° 55' 55"</u> Longitude: <u>89° 20' 20"</u>
Mailing Address: <u>P.O. Box 1161</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>BAY SPRINGS MS 39422</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE ¼ NE ¼ Sec 14 Twn 1N Rng 9E</u>
Telephone No. <u>(601) 764-3761</u>	Distance Direction Nearest Town
	<u>± 5 Miles SW of BAY SPRINGS</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10-13-04</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>33</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 <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>193</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: _____ 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.

Wilbur T. Baughman 0410  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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