

Parker Well Service

# 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 #: P-36  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SMITH  
Permit #: ~~\_\_\_\_\_~~  
Driller: JR PARKER  
Date drilling completed: 8-25-04

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>MARK ADCOX</u>	Latitude: <u>31° 51' 49"</u> Longitude: <u>89° 35' 50"</u>
Mailing Address: <u>1193 SCR. 75</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>MIZE MS. 39116</u> City State Zip Code	<u>1/4 1/4 Sec 3 Twn 10N Rng 16W</u>
Telephone No. <u>(601) 733-9426</u>	Distance Direction Nearest Town <u>3 Miles WEST of MIZE</u>

### Well Data

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

Date well drilling started: 8-18-04 AND SET 4" PIPE Date well drilling completed: 8-27-04

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

Static Water Level: 40' feet above or below (circle one) land surface Date measured: 8-19-04

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

Hole depth: 140' Well depth: 130' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110' feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 110' feet to 130' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): AIR

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): STATE

RECEIVED  
BY: OLWR

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.

JOHN R. PARKER

Print Name of Water Well Contractor and License No.

John R. Parker  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

P-36

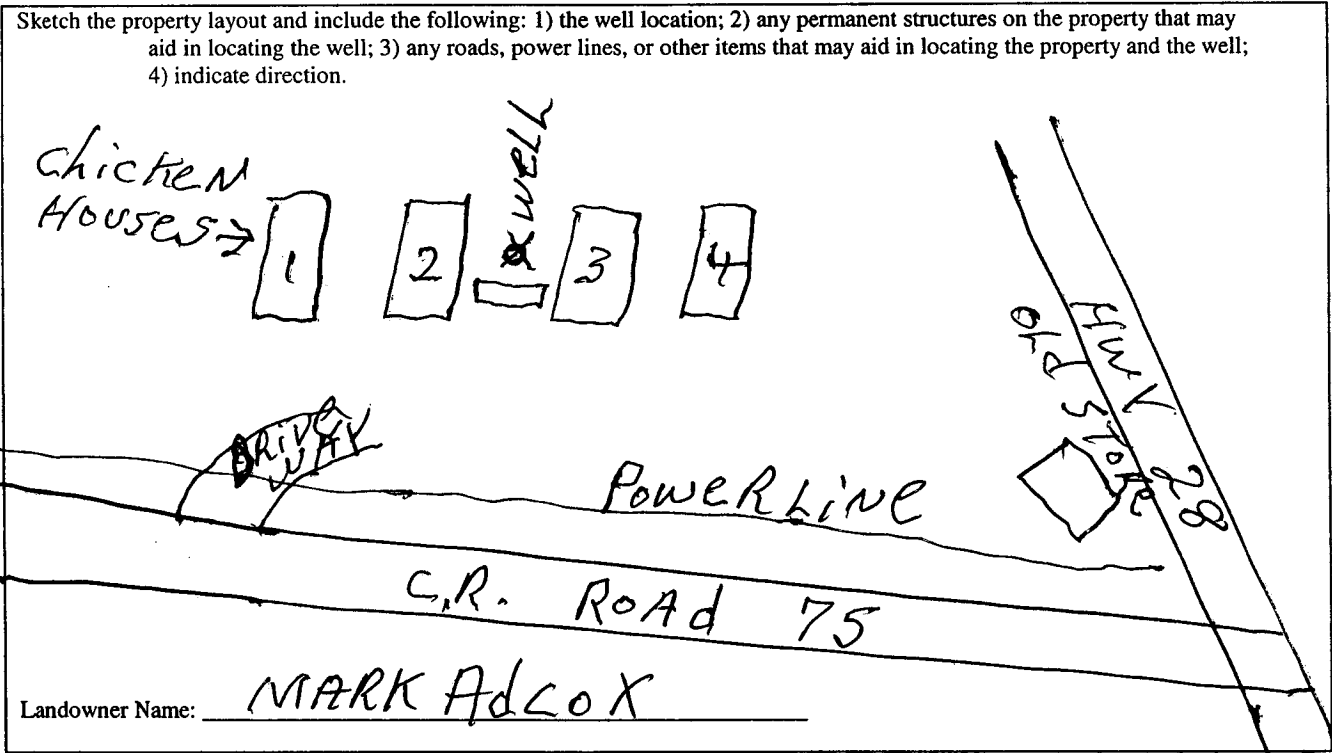
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	10
RED SAND	10	34
CLAY	34	96
SAND	96	140

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:

MARK Adcox

*John R. Porter*  
 Signature of Water Well Contractor

House   
 House

4 4 205 140 8 11 1 1 AMC

# 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 #: P-36

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

County: SMITH  
 Permit #: \_\_\_\_\_  
 Driller: John R Parker  
 Date completed: 8-27-04

**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>MARK ADCOX</u>	Latitude: <u>N 31 51 49</u> Longitude: <u>W 89 35 50</u>
Mailing Address: <u>1193 SCR. 75</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>MIZE MS. 39116</u>	USGS quad, ( <u>Hand-held GPS</u> ) Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>10</u> Rng <u>16</u>
Telephone No. <u>(601) 733-9426</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>WEST</u> of <u>MIZE</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>5</u> <b>RECEIVED</b>
Date Pump Installed: <u>8-25-04</u>	Setting Depth: <u>126'</u> feet <b>SEP 01 2004</b>
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>14</u> <b>BY: OLWR</b>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-25-04</u>	<input checked="" type="radio"/> <u>Air Line.</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>140'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>126'</u> <u>126'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10'</u> Feet Below Land Surface	Well yielded <u>65</u> GPM with a drawdown of
Test Pumping Rate: <u>65</u> Gallons Per Minute	<u>10</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

JOHN R. PARKER  
 Print Name of Pump Installer and License No. (if applicable)

John R. Parker  
 Signature of Pump Installer