

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

County: Sunflower  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 12-5-10

For Office Use Only:  
Aquifer: K 140  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Tullio Ferretti</u> Mailing Address: <u>826 Boyer-Steiner Rd</u> <u>Doddsville MS 38736</u> City State Zip Code Telephone No. <u>(662) 887-2369</u>	<b>Well or Borehole Location</b> Latitude: <u>33° 35' 06" N</u> Longitude: <u>090° 36' 30" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 10 Twn 20N Rng 4W</u> Distance <u>10</u> Miles <u>W</u> of <u>Doddsville</u>
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**Well / Borehole Data**

Date drilling started: 12-5-10 Date drilling completed: 12-5-10 Hole depth: 100 Hole diameter: 7"

Location of the source of any surface water used for drilling: Ditch  
Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 12-5-10

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

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

Screen slot size: .016 inches Setting depth: From 80 feet to 100 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: 0 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

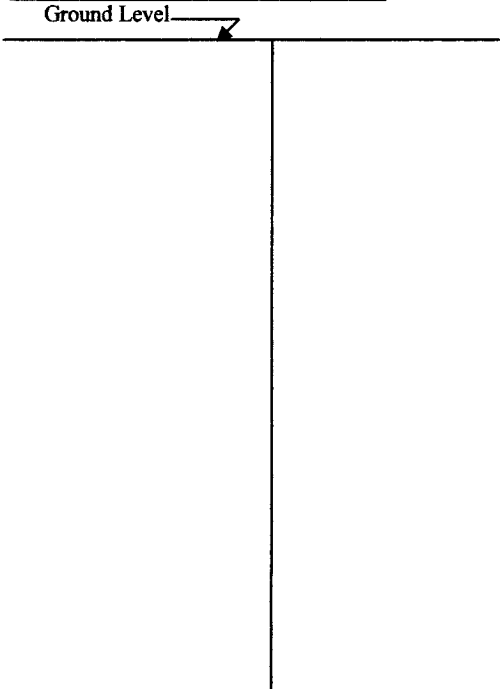
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K140

The sketch below only required for water wells

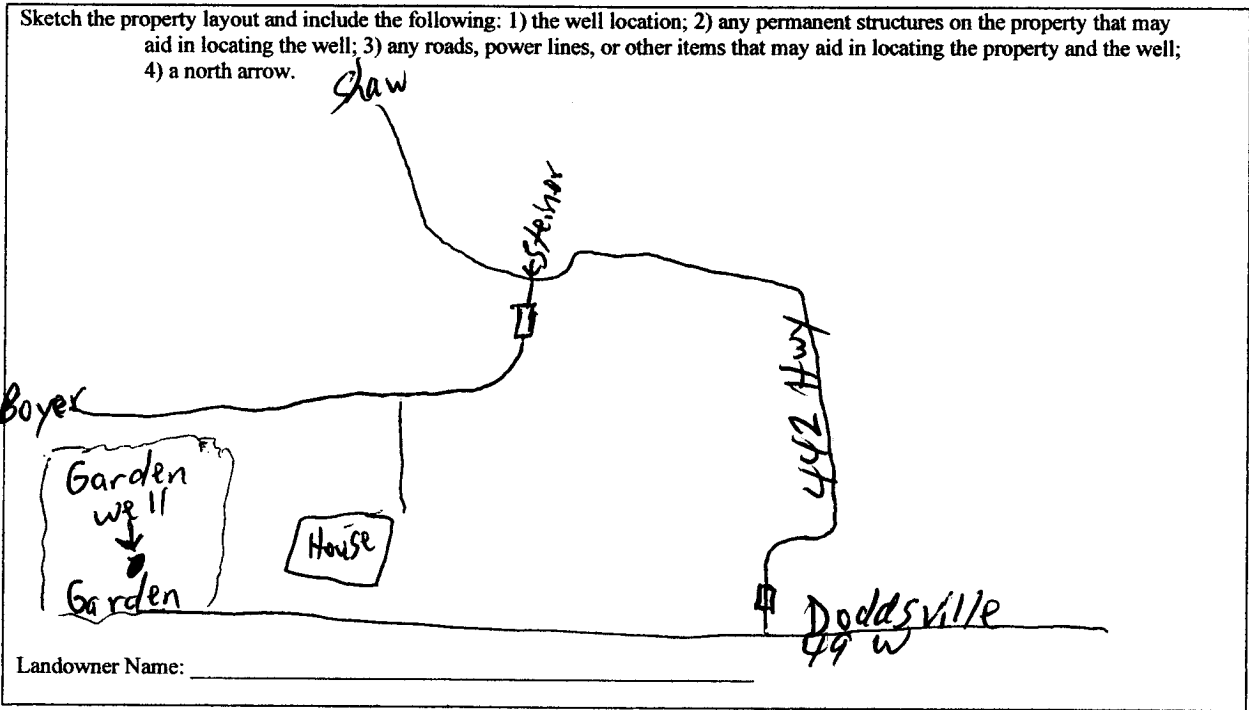
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay & Brown Sand	Ground Level	20
Brown + Coarse sand	20	40
Coarse Sand	40	60
Coarse sand & gravel	60	80
"	80	100

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Willie L. Bryant    0-639 12-17-10    Willie L. Bryant  
 Print Name of Responsible Licensee and License No.    Date    Signature of Licensee

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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 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

For Office Use Only:

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

Well #: \_\_\_\_\_

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

County: Sunflower  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date completed: 12-5-10  
*Copy information from block on Part 1*

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Tullio Ferretti</u>	Latitude: <u>33°35.66<sup>N</sup></u> Longitude: <u>090°36.30<sup>W</sup></u>
Mailing Address: <u>826 Boyer-Steiner Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Doddsville MS 38736</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>10</u> T <u>20N</u> R <u>4W</u>
Telephone No. <u>662 887-2369</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>W</u> of <u>Doddsville</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO <input type="radio"/>
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 hp</u>
Date Pump Installed: <u>12-6-10</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>12-6-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>Rope + weight</u>
Pumping Water Level (B): <u>36</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded <u>67</u> GPM with a drawdown of
Test Pumping Rate: <u>67</u> Gallons Per Minute	<u>6</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Willie L. Bryant 0-639 Willie L. Bryant  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-2008-01 **RECEIVED**

JAN 04 2011  
BY: OLWR