

County: Tallahatchie  
 Permit #: \_\_\_\_\_  
 Driller: W. Bryant  
 Date drilling completed: 9-3-11

**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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A54  
 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.*

| Information on Well Owner<br>(Landowner if borehole is not for a water well) | Well or Borehole Location   |
|--|---|
| Owner Name: <u>Troy Smith</u>  | Latitude: <u>34° 07' 52" N</u> Longitude: <u>090° 06' 04" W</u>                 |
| Mailing Address: <u>243 Sarah Dickens Rd.</u>                                | Method of Lat/Long (circle one): <u>Conventional Survey</u>                     |
| <u>Sardis</u> <u>ms</u> <u>38666</u>   | USGS quad: <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>                       |
| City State Zip Code  | <u>SE 1/4 NE 1/4 Sec 17</u> <u>31</u> <u>Twn 26 N</u> <u>Rng 2 E</u>            |
| Telephone No. <u>(662) 604-0243</u>  | Distance Direction Nearest Town<br><u>9</u> Miles <u>N</u> of <u>Charleston</u> |
|  | <u>Section Rd</u>   |

**Well / Borehole Data**

Date drilling started: 9-3-11 Date drilling completed: 9-3-11 Hole depth: 104' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: nearby ditch

Method of dosing and volume of Chlorine used in drilling and development: none

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: \_\_\_\_\_

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 9-3-11

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

Well depth: 104' Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 84 feet Casing diameter: 4 inches Type of casing: PVC Sch 40

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

Screen slot size: 0.16 inches Setting depth: From 84 feet to 104' 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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# 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 #: A54  
 Elevation: \_\_\_\_\_

County: Tallahatchie

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

Driller: W. Bryant

Date completed: 9-3-11

*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>Troy Smith</u>                 | Latitude: <u>34° 07.52' N</u> Longitude: <u>090° 06.04' W</u>  |
| Mailing Address: <u>243 Sarah Dickens Rd.</u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <sup>31</sup> <input checked="" type="checkbox"/> <sup>03</sup> |
| <u>Sardis</u> <u>MS</u> <u>38666</u>          | USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <input type="checkbox"/>   |
| City State Zip Code                           | <u>SE 1/4 NE 1/4 Sec 17 T 26 R 2 E</u>   |
| Telephone No. <u>(662) 604-0243</u>           | Distance <u>9</u> Miles Direction <u>N</u> of Nearest Town <u>Charleston</u><br><u>Section Rd.</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>                                  |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>                      | <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>            | Windmill <input type="checkbox"/> Other (specify): _____  |
| Other (specify): _____  | Horse Power Rating of Motor: <u>5 HP</u>  |
| Date Pump Installed: <u>9-3-11</u>  | Setting Depth: <u>60'</u> feet  |
| Rated Pump Capacity: <u>90</u> Gallons Per Minute   | Number of Stages: <u>12</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>9-3-11</u>                            | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>16</u> Feet Below Land Surface  | Other (specify): <u>Rope &amp; weight</u>  |
| Pumping Water Level (B): <u>21</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface     | Well yielded <u>114</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>114</u> Gallons Per Minute           | <u>5</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-1C (07-09)

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