

502

State Well Report

Part I

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 #:	<u>A-70</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>TATE</u>
Permit #:	_____
Driller:	<u>BOB SMITH</u>
Date drilling completed:	<u>1-11-04</u>

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>Jerry Johnson</u>	Latitude: _____	Longitude: _____
Mailing Address:	<u>Box 10 (944)</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey.	
	<u>Camden, MS 38618</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
City:	<u>Camden, MS</u>	<u>1/4 Sec A-21, Twn 14S, Rng R-9W</u>	
State:	<u>MS</u>	Distance _____	Direction _____
Zip Code:	<u>38618</u>	<u>2</u> Miles <u>ALW</u> of <u>ANLAWA</u>	Nearest Town _____
Telephone No:	<u>662 562-4113</u>		

Well Data

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

Date well drilling started: 1-11-04 Date well drilling completed: 1-11-04

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 1-11-04

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

Hole depth: 145 Well depth: 145 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 135 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/4 inch inches Setting depth: From 135 feet to 145 feet

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

Other (describe): Washed Sand

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.

BOB SMITH 0-645
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED
FEB 10 2005
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 39288-0631
 (601)961-5230
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: A-70

Elevation: _____

County: Tate

Permit #: _____

Driller: Bob Smith

Date completed: 1-11-05

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

Owner Name: Jerry Johnson

Mailing Address: 944 Broad

Corinth MS 3868

City State Zip Code

Telephone No: 662 562 4113

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

W Sec A-21 Twn T4S Rng R9W

Distance Direction Nearest Town

2 Miles NW of ANADUCTA

Pump Type
Circle one

Air Lift Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-11-05

Rated Pump Capacity: _____ (Gallons Per Minute)

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 3/4

Setting Depth: 100 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 1-11-05

Static Water Level (A): 90 Feet Below Land Surface

Pumping Water Level (B): 94 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface

Test Pumping Rate: 13 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head _____ feet

Well yielded 13 GPM with a drawdown of 4 feet after _____ hours of pumping

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

Bob Smith 0-645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

RECEIVED

FEB 10 2005

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

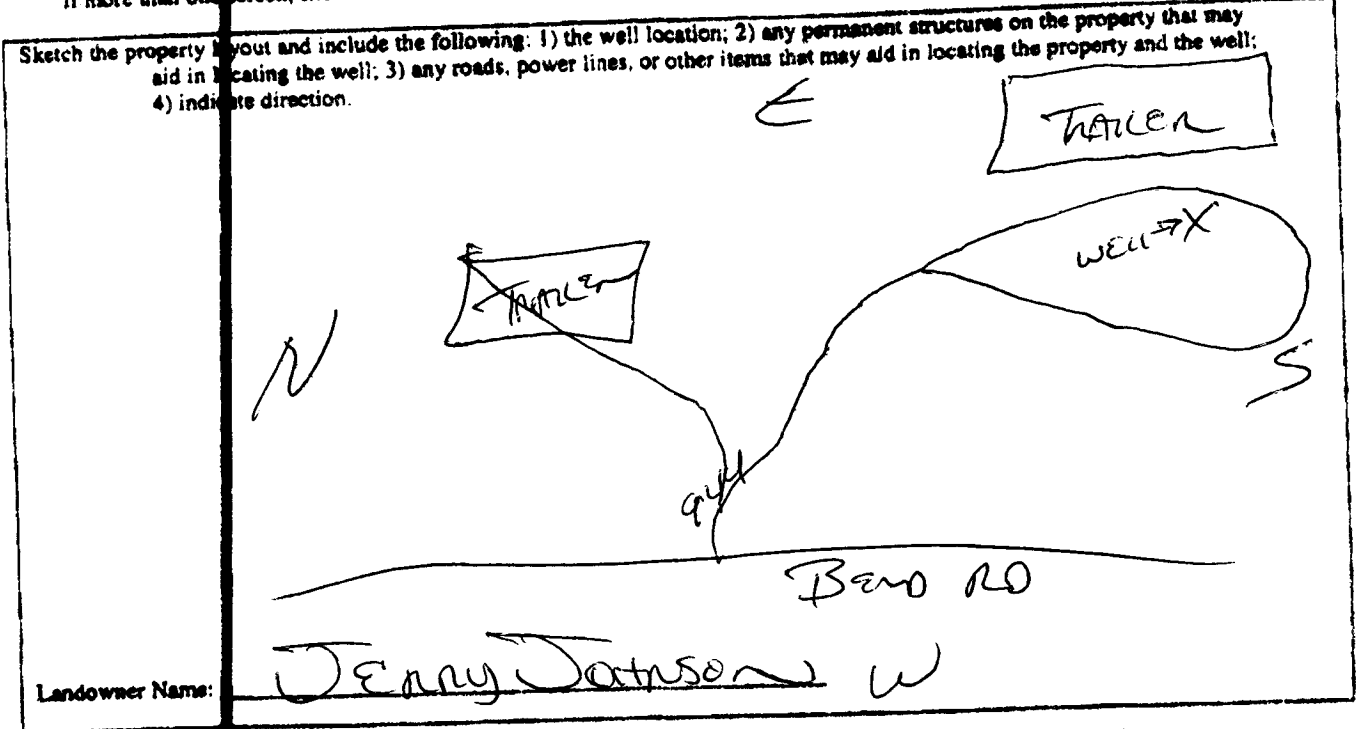
A-70

Description of Formations Encountered

Description of Formations Encountered	From	To
TOP SOIL	0	5
YELLOW CLAY	5	40
GRAVEL	40	51
RED + WHITE CLAY	51	78
WHITE CLAY	78	130
WHITE SAND	130	145

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:

Jenny Johnson W

[Handwritten Signature]
Signature of Water Well Contractor

RECEIVED
FEB 10 2005
BY: OLWR