

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 #: F-59
L. S. Elevation: _____
E-log #: _____

County: Tallahatchie
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 3-25-07

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 Williamson</u>	Latitude: <u>34° 02' 19N</u>	Longitude: <u>090° 06' 29W</u>	
Mailing Address: <u>321 Pudacah Wells Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS		
<u>Charleston MS 38921</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>17</u> Twn <u>25N</u> Rng <u>2E</u>	Distance <u>3 1/2</u> Miles	Direction <u>NW</u> of Nearest Town <u>Charleston</u>
Telephone No. <u>(602) 647-5639</u>			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>(Irrigation)</u> Fish Culture Other: _____			
Date well drilling started: <u>3-25-07</u>		Date well drilling completed: <u>3-25-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>15</u> feet above or <u>(below)</u> (circle one) land surface		Date measured: <u>3-25-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Rope & weight</u>			
Hole depth: <u>100'</u>	Well depth: <u>100'</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>(Bentonite)</u> Mix			
Casing length: <u>80</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC SCH 40</u>	
Screen length: <u>20</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>.013</u> inches		Setting depth: From <u>80</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>0</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>(No log run)</u> 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.			
<u>Willie L. Bryant 0-639</u>		<u>Willie L. Bryant</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

RECEIVED
APR 27 2007
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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: F-59

Elevation: _____

County: Tallahatchie

Permit #: _____

Driller: Willie L. Bryant

Date completed: 3-25-07

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 Williamson

Mailing Address: 321 Pudacah Wells Rd.

Charleston MS 38921
 City State Zip Code

Telephone No. (662) 647-5639

Well Location

Latitude: 34°02.19N Longitude: 090°06.29W

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

¼ _____ ¼ Sec 17 Twn 25N Rng 2E

Distance Direction Nearest Town

3½ Miles NW of Charleston

Pump Type

Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3-25-07

Rated Pump Capacity: 60 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: 5HP RECEIVED

Setting Depth: 60 APR 27 2007

Number of Stages: 13 BY: OLWR

Pump Test Data

Date Well Tested: 3-25-07

Static Water Level (A): 15' Feet Below Land Surface

Pumping Water Level (B): 18' Feet Below Land Surface

Drawdown [(B) - (A)]: 3' Feet Below Land Surface

Test Pumping Rate: 63 Gallons Per Minute

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

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): Rope & weight

For flowing well, measured shut in head: _____ feet

Well yielded 63 GPM with a drawdown of

3 feet after 4 hours of pumping

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

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

Willie L. Bryant
 Signature of Pump Installer