

# 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: Tallahatchie Co.  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 6-5-11

For Office Use Only:  
Aquifer: F68  
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.

| Information on Well Owner<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>Lloyd C. Smith</u>  | Latitude: <u>33° 59' 47" N</u> Longitude: <u>90° 05' 42" W</u>               |
| Mailing Address: <u>P.O. Box 129</u>   | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>   |
| <u>Charleston MS 38921</u>   | USGS quad, <u>NS 1/4, NE 1/4 Sec 33</u> Twn <u>25N</u> Rng <u>2E</u>         |
| City State Zip Code  | Distance <u>2</u> Miles Direction <u>W</u> of Nearest Town <u>Charleston</u> |
| Telephone No. <u>(662) 625-0800</u>  |  |

**Well / Borehole Data**

Date drilling started: 6-5-11 Date drilling completed: 6-5-11 Hole depth: 100' Hole diameter: 7"

Location of the source of any surface water used for drilling: Near by 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: \_\_\_\_\_

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

Static Water Level: 21' feet above or below (circle one) land surface Date measured: 6-11-11

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

Well depth: 100' Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC 160

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

Screen slot size: 1/16 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)

RECEIVED  
BY: [Signature]  
DATE: [Date]

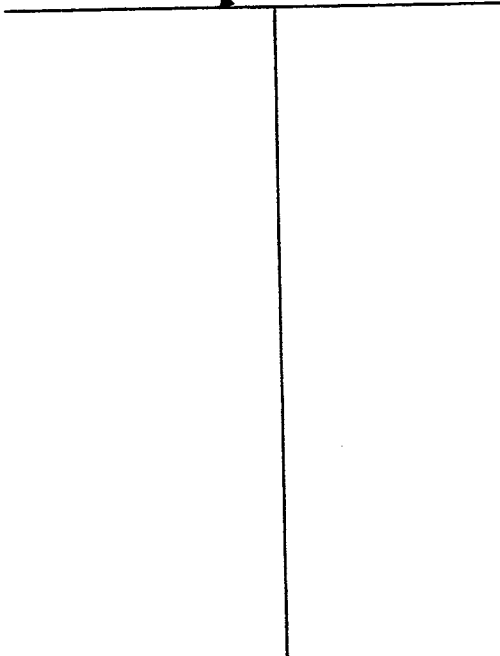
F68

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

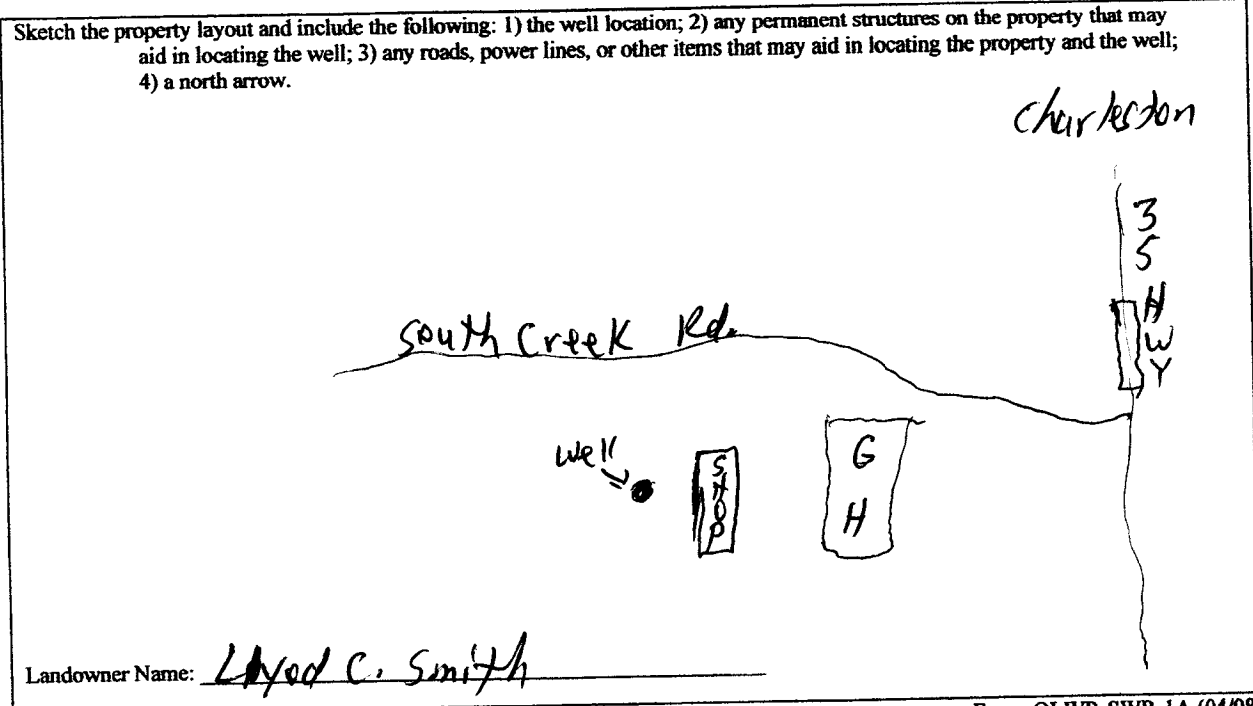
If well telescopes, show depths on sketch

Ground Level →



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| TOP SOIL + clay                       | Ground Level | 20         |
| Fine to med sand                      | 20           | 40         |
| coarse sand                           | 40           | 60         |
| gravel                                | 60           | 80         |
| gravel                                | 80           | 100        |
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|                                       |              |            |

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 6-29-11  
 Print Name of Responsible Licensee and License No.      Date

Willie L. Bryant  
 Signature of Licensee

RECEIVED  
 JUL 05 2011  
 BY: DMR

# 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: Tallahatchie Co.

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

Driller: Willie Bryant

Date completed: 6-25-11

*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>Lloyd C. Smith</u>                 | Latitude: <u>33° 59.79' N</u> Longitude: <u>090° 05.42' W</u>  |
| Mailing Address: <u>P.O. Box 129</u>              | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____ <u>Hand-held GPS</u> _____ Survey-grade GPS _____ |
| <u>Charleston MS 38921</u><br>City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>33</u> T <u>25N</u> R <u>2E</u>   |
| Telephone No. <u>(602) 625-0800</u>               | Distance _____ Direction _____ Nearest Town _____<br><u>2</u> Miles <u>W</u> of <u>Charleston</u>                              |

| Pump Type   | Power Type   |
|---|--|
| Air Lift<br>Jet<br>Bucket<br>Centrifugal<br>Other (specify): _____                          | Diesel Engine<br><u>Electric Motor</u><br>Windmill<br>Horse Power Rating of Motor: <u>5 HP</u> |
| Circle one<br><u>Submersible</u><br>Piston<br>Rotary<br>Date Pump Installed: <u>6-25-11</u> | Gasoline Engine<br>Hand<br>Other (specify): _____<br>Setting Depth: <u>60'</u> feet            |
| <u>90</u> Gallons Per Minute  | Tractor PTO<br>Number of Stages: <u>12</u>   |
| Flowing Well  |  |

| Pump Test Data   | Method of Measuring Water Level                                 |
|--|---|
| Date Well Tested: <u>6-26-11</u>                           | Circle one<br>Air Line<br>Electric Measuring Line<br>Steel Tape |
| Static Water Level (A): <u>21</u> Feet Below Land Surface  | Other (specify): <u>Repe &amp; weight</u>                       |
| Pumping Water Level (B): <u>28</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet             |
| Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface     | Well yielded <u>101</u> GPM with a drawdown of                  |
| Test Pumping Rate: <u>101</u> Gallons Per Minute           | <u>7</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  
Print Name of Pump Installer and License No. (if applicable)

Willie L. Bryant  
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

RECEIVED  
JUN 25 2011  
BY [Signature]