

Tallahatchie

# State Well Report Part 1 - Driller's Log

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:

County: Tallahatchie  
Permit #: QW 90544  
Driller: Houston  
Date drilling completed: 6/1/05

Aquifer: \_\_\_\_\_  
Well #: H-175  
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.

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>CRISS MARLEY</u> Mailing Address: <u>320 W Lee Drive</u> <u>CLARKSDALE MS 38614</u> City State Zip Code Telephone No. <u>(662) 624 8178</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 56' 22"</u> Longitude: <u>90° 21' 04"</u> Method of Lat/Long (circle one): Conventional Survey, <span style="float: right;">OK</span> USGS quad, Hand-held GPS, Survey-grade GPS ____ 1/4 ____ 1/4 Sec <u>24</u> Twn <u>24N</u> Rng <u>2W</u> Distance Direction Nearest Town ____ Miles ____ of _____</p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>6/1</u> Date drilling completed: <u>6/1</u> Hole depth: <u>110</u> Hole diameter: <u>24</u> Location of the source of any surface water used for drilling: <u>well</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1 LB per 1000 GAL WATER</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>24</u> feet above or below (circle one) land surface Date measured: <u>6/2</u> Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.030</u> inches Setting depth: From <u>70</u> feet to <u>110</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: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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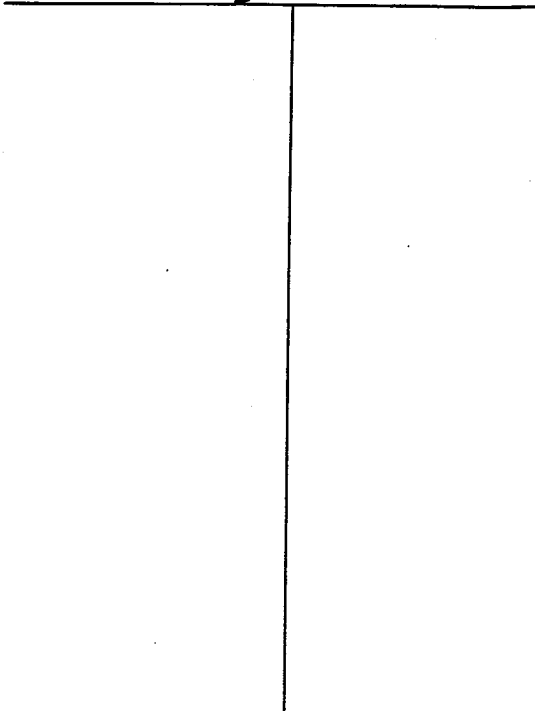
H175

H-

The sketch below only required for water wells

If well telescopes, show depths on sketch.

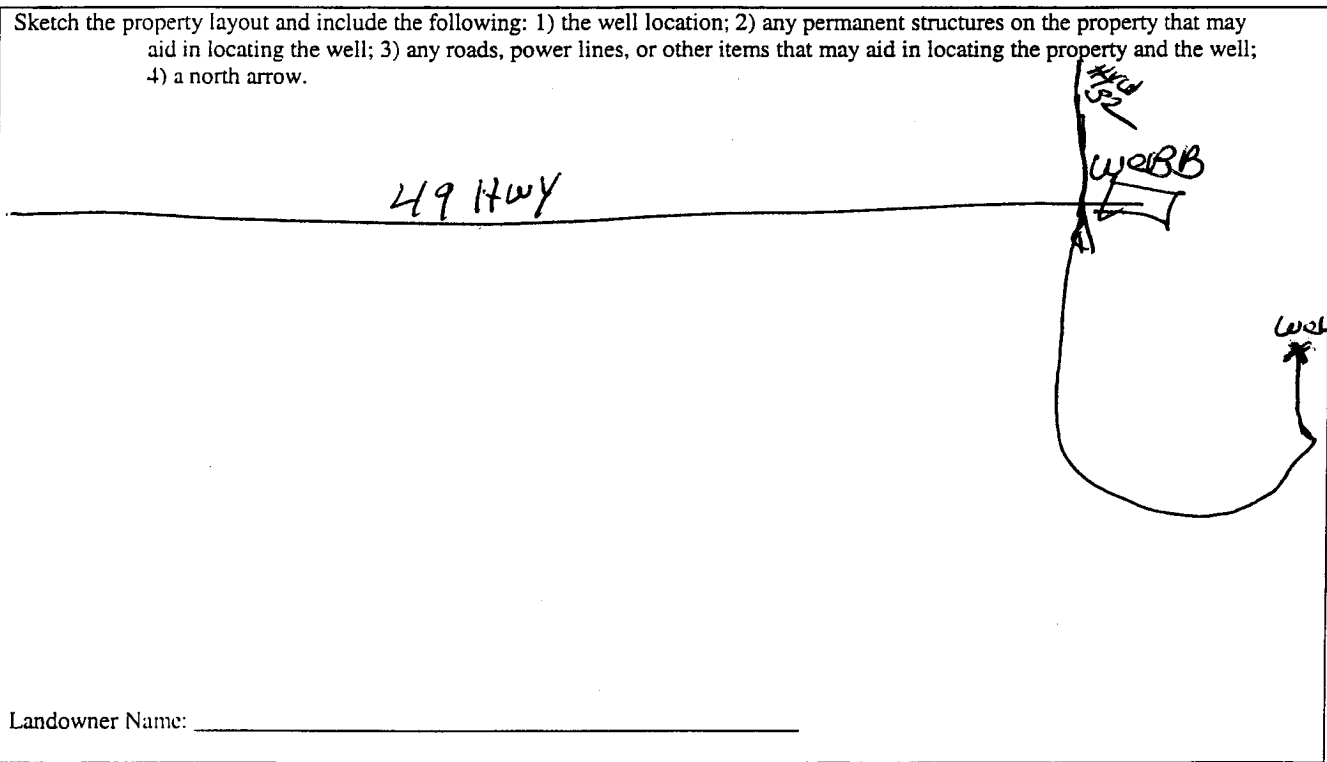
Ground Level →



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

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
CLAY	0	13
FINE BRNW SAND	13	33
Med SAND	33	53
COARSE SAND + GRAVEL	53	110

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



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.

PAUL POWELL 0435 6/20  
Print Name of Responsible Licensee and License No.      Date

Paul Powell  
Signature of Licensee

# 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)

County: TALAHUE  
 Permit #: GW 40514  
 Driller: Houston  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-175  
 Elevation: \_\_\_\_\_

*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>CRISS MARLEY</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
_____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ <u>Turbine</u>	Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): <u>LP</u>
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6/3</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>24</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

PAUL POWELL 0435 **RECEIVED** Paul **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR

JUL 28 2005  
 BY: OLWR