

# State Well Report

## Part 1

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 #: Q-112  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tallahatchie  
Permit #: \_\_\_\_\_  
Driller: Willie L. Bryant  
Date drilling completed: 6-14-06

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>Otis Horton</u>	Latitude: <u>33° 53' 09N</u> Longitude: <u>090° 16' 12W</u>
Mailing Address: <u>P.O. Box 396</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: <u>Webb</u> State: <u>MS</u> Zip Code: <u>38966</u>	1/4 _____ 1/4 Sec <u>11</u> Twn <u>23N</u> Rng <u>1W</u>
Telephone No.: <u>(662) 375-8581</u>	Distance: <u>8</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Webb</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-14-06</u> Date well drilling completed: <u>6-14-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>25'</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-14-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Rope &amp; weight</u>	
Hole depth: <u>100'</u> Well depth: <u>100'</u> Well grouted to a depth of <u>11</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 200</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC SCH 40</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): _____	

RECEIVED  
JUL 13 2006  
BY: OLWR

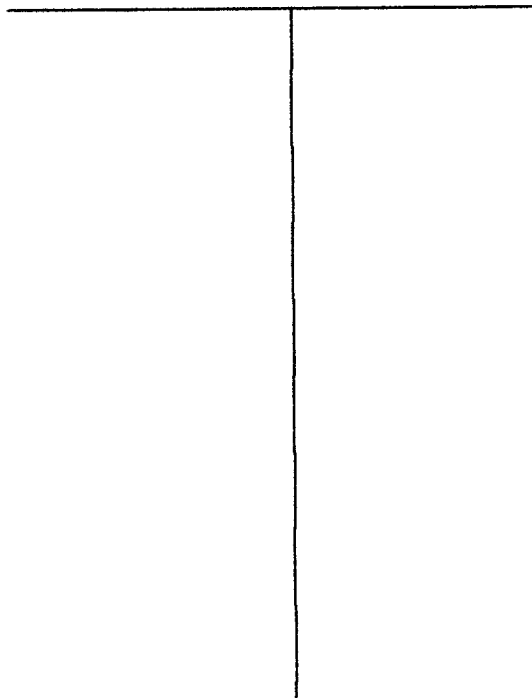
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Willie L. Bryant 0-639 Willie L. Bryant  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Φ-112

If well telescopes please sketch below and show depths.

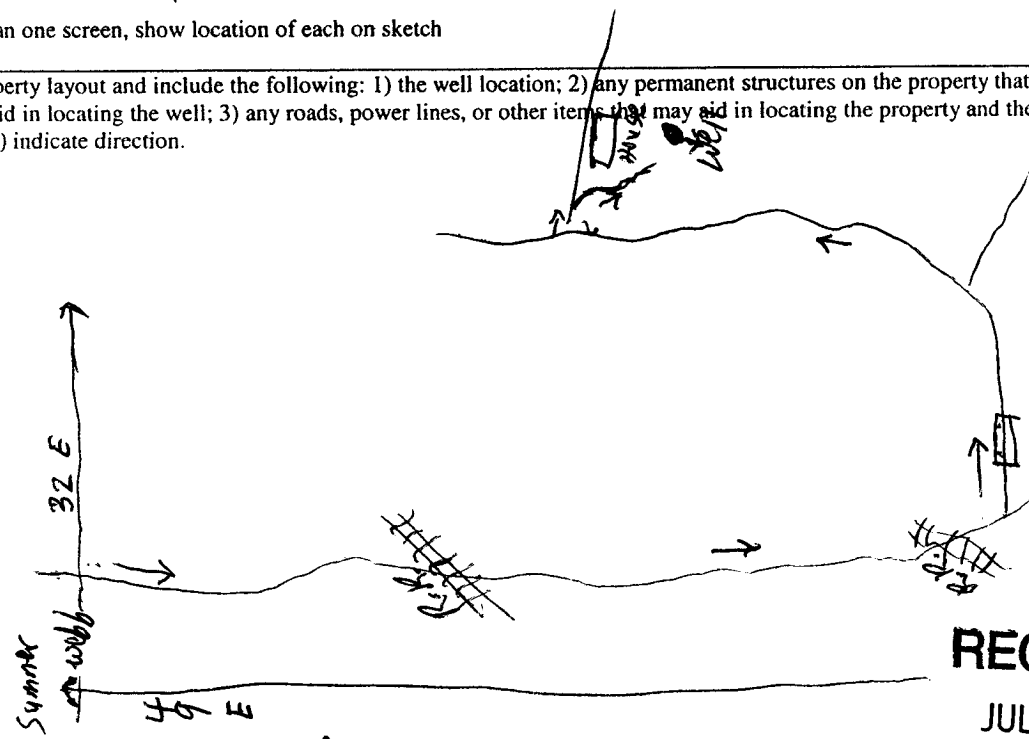
Ground Level



Description of Formations Encountered	From	To
Top Soil & Brown Sand	0	20
Brown Sand & Red Gravel	20	40
Med. & coarse sand	40	60
Coarse Sand	60	80
Coarse Sand & gravel	80	100

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.



**RECEIVED**  
JUL 13 2006  
BY: OLWR

Landowner Name: Otis Horton

Wallie L. Bryant  
Signature of Water Well Contractor

# 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 #: Φ-112

Elevation: \_\_\_\_\_

County: Tallahatchie  
 Permit #: \_\_\_\_\_  
 Driller: Willie L. Bryant  
 Date completed: 6-14-06

**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	Well Location
Owner Name: <u>Otis Horton</u>	Latitude: <u>33° 53.09 N</u> Longitude: <u>090° 16.12 W</u>
Mailing Address: <u>P.O. Box 396</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Webb</u> <u>MS</u> <u>38966</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>23N</u> Rng <u>1 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 375-8581</u>	<u>8</u> Miles <u>SE</u> of <u>Webb</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>6-14-06</u>	Setting Depth: <u>60'</u>
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>6</u>

**RECEIVED**  
 JUL 13 2006

Pump Test Data	Method of Measuring Water Circle one
Date Well Tested: <u>7-8-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): <u>Rope &amp; Weight</u>
Pumping Water Level (B): <u>29</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>4</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

**BY: OLWR**

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