

#2 GW-4004

GW40004

### 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)

County: TALIAHATCHIE  
 Permit #: GW-40004  
 Driller: HOUSTON  
 Date drilling completed: 4/21/05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: J-108  
 L. S. Elevation: 0137  
 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><br/>(Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>MIKE STURDIVANT</u><br/>         Mailing Address: <u>WEBB MS.</u><br/> <u>STURDIVANT Rd</u><br/> <u>WEBB MS 38966</u><br/>         City State Zip Code<br/>         Telephone No. <u>(62) 375-38966</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 53' 12"</u> Longitude: <u>91° 18' 48"</u><br/> <u>37</u> <u>28</u><br/>         Method of Lat/Long (circle one): Conventional Survey,<br/>         USGS quad, Hand-held GPS, Survey-grade GPS<br/> <u>MISSISSIPPI</u> Sec <u>A</u> Twp <u>23N</u> Rng <u>1W</u><br/>         Distance Direction Nearest Town<br/> <u>5</u> Miles <u>S</u> of <u>WEBB</u></p> |
|---|--|

**Well / Borehole Data**

Date drilling started: 4/21 Date drilling completed: 4/21 Hole depth: 115 Hole diameter: 24  
 Location of the source of any surface water used for drilling: SAME 33 53 62 N 090 18 48 W  
 Method of dosing and volume of Chlorine used in drilling and development: 1.5 gal / 1000  
 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: 29 feet above or below (circle one) land surface Date measured: 4/23  
 Method of Measurement (circle one)  steel tape  electric tape  air line other: \_\_\_\_\_  
 Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix  
 Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: 0.30 inches Setting depth: From 75 feet to 115 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

RECEIVED  
APR 29 2005  
BY: OLWR

RECEIVED

RECEIVED

JUL 28 2005

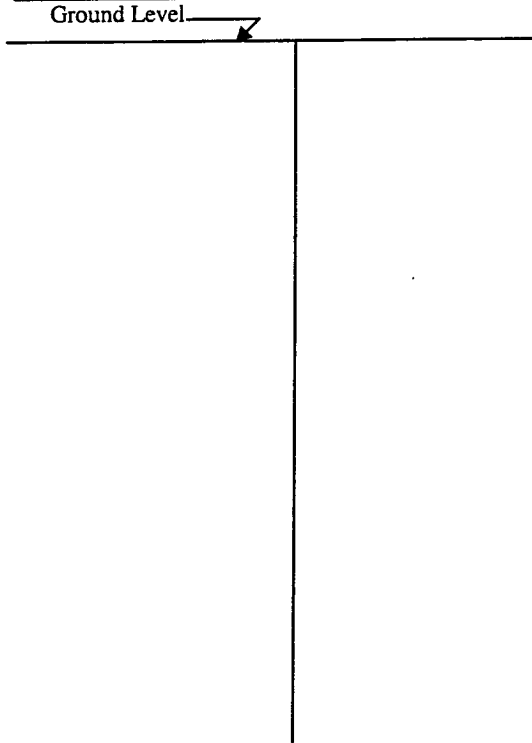
BY: OLWR

~~J-108~~  $\phi$  137

The sketch below only required for water wells

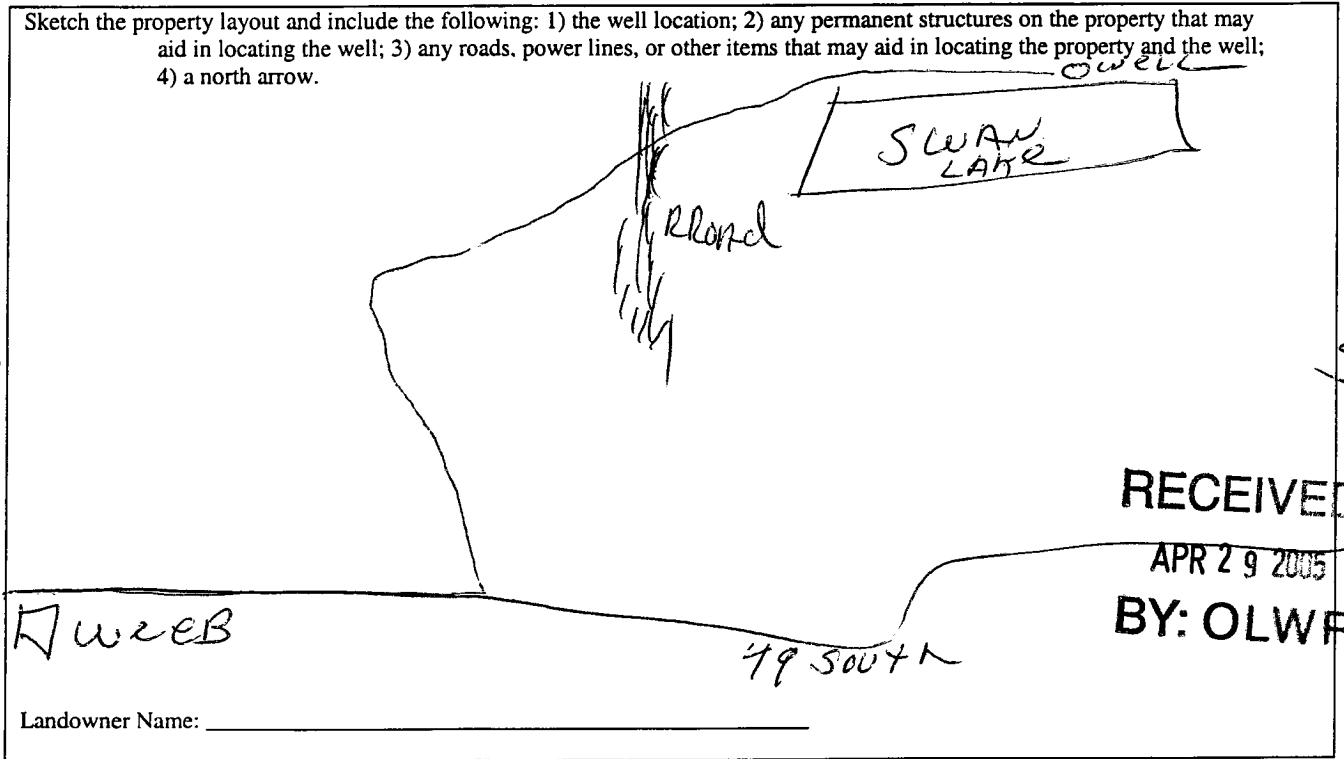
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
|                                       | Ground Level |            |
| CLAY                                  | 0            | 13         |
| FINE SAND                             | 13           | 43         |
| HEAVY GRAVEL                          | 43           | 115        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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  
Print Name of Responsible Licensee and License No.

RECEIVED  
SEP 12 2005  
BY: OLWR

RECEIVED  
Signature of Licensee  
JUL 28 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 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

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

**For Office Use Only:**

Aquifer: Ø 137  
 Well #: J-106  
 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>MIKE STURDIVANT</u>    | Latitude: <u>33° 53' 20"</u> Longitude: <u>090 18' 48" W</u>   |
| Mailing Address: <u>WEBB MS</u>       | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | <u>NW ¼ NW ¼ Sec 4 T. 23 N R. 1 W</u>  |
| Telephone No. (____) _____            | Distance _____ Miles _____ of _____  |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift                      Jet                      Submersible          | <input checked="" type="radio"/> Diesel Engine                      Gasoline Engine                      Natural Gas |
| Bucket                      Piston <input checked="" type="radio"/> Turbine | Electric Motor                      Hand                      Tractor PTO  |
| Centrifugal                      Rotary                      Flowing Well   | Windmill                      Other (specify): _____   |
| Other (specify): _____  | Horse Power Rating of Motor: <u>60</u>   |
| Date Pump Installed: _____  | Setting Depth: <u>70</u> feet  |
| Rated Pump Capacity: <u>2200</u> Gallons Per Minute                         | Number of Stages: <u>2</u>   |

**RECEIVED**  
 APR 29 2005  
 BY: OLWR

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: _____                                | Air Line                      Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): _____ 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                      Paul Powell  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

**RECEIVED**  
 SEP 12 2005  
 BY: OLWR

**RECEIVED**  
 JUL 28 2005  
 BY: OLWR