

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: FRANK LANGFORD  
 Date drilling completed: 6-19-07

# 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:**  
 Aquifer: \_\_\_\_\_  
 Well #: C-259  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Sowell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8156 PALMISTON RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SELA TOBIAS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>9</u> Twn <u>T49</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>NW</u> of <u>WAKEFIELD</u>

**Well / Borehole Data**

Date drilling started: 6-19 Date drilling completed: 6-19 Hole depth: 140 Hole diameter: 6 7/8"

Location of the source of any surface water used for drilling: Home Well

Method of dosing and volume of Chlorine used in drilling and development: 2 GAL CLOROX

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_  
 (Attach copy of log to this report)

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: 60 feet above or below (circle one) land surface Date measured: 6-19

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 140 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: SLOTTED PVC

Screen slot size: 0.13 inches Setting depth: From 130 feet to 140 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: NONE feet. *If telescoped or more than one screen, describe on next page*

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 JUL 09 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)

County: TRUL  
 Permit #: \_\_\_\_\_  
 Driller: E LANGFORD  
 Date completed: 6-29-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-259  
 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>Sowell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8156 PALMISTINE RD</u>	Method of Lat/Long (check one): <u>Conventional Survey</u> , USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SENA TOBIA MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>9</u> T <u>4</u> S R <u>6</u> W
Telephone No. ( ) _____	Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>WATERFIELD</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: _____
Date Pump Installed: <u>6-29-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-29-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>154</u> GPM with a drawdown of <u>5</u> feet after <u>5</u> hours of pumping
Test Pumping Rate: <u>154</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Frank Langford C-612 **RECEIVED**  
 Print Name of Pump Installer and License No. (if applicable) Frank Langford  
Signature of Pump Installer JUL 09 2007

BY: OLWR