

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39226

For Office Use Only

Aquifer: \_\_\_\_\_  
Well #: C-293  
L.S. Elevation: \_\_\_\_\_  
E-Long #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 2/24/09

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>BRYANT GRAMM</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>1525 GRAMM RD</u> <u>Wadum, MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>04</u> Twn <u>T4S</u> Rng <u>R10W</u>
Telephone No. <u>(662) 233-4888</u>	Distance: <u>3</u> Miles <u>S</u> of <u>Wadum</u>

**Well Data**

Purpose of Well (circle one) Flow Industrial Public Supply Irrigation Fish Culture Other \_\_\_\_\_

Date well drilling started: 2/24/09 Date well drilling completed: 2/24/09

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 2/24/09

Method of Measurement (circle one) steel tape electric tape air line other: LINE+WEIGHT

Hole Depth: 180 Well depth: 180 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

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

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

Screen slot size: 13 THOUS inches Setting depth: From 160 feet to 180 feet

Type of completion (circle all applicable):  
Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): WASHED SAND

Top of lap pipe or reduction casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back

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

Name of organization running log(s): \_\_\_\_\_

I certify that the well 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.

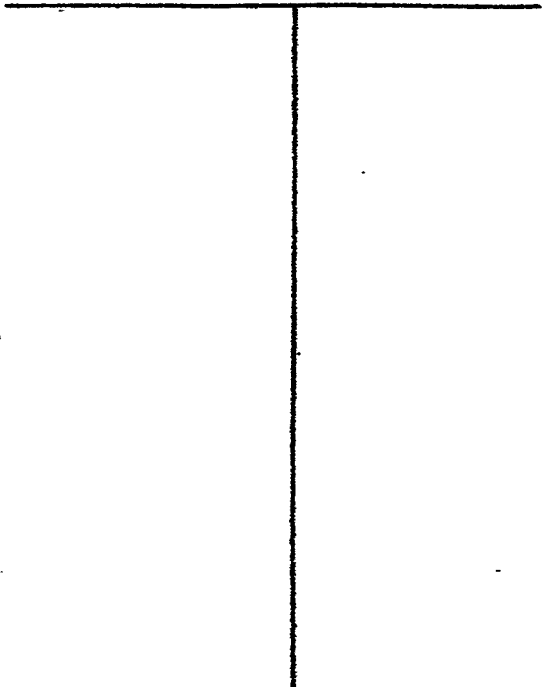
Bob Smith 0645 [Signature]  
Print name of Water Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

C-293

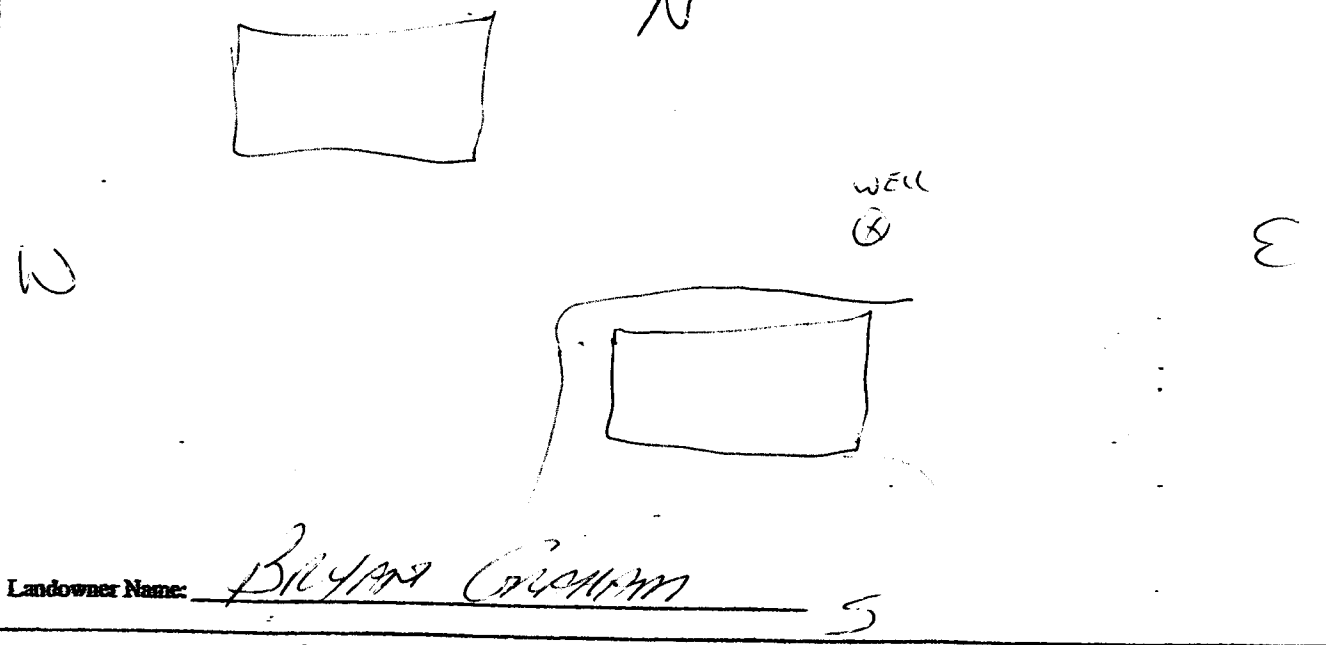
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
RED CLAY	18	30
CRINQUEL	30	38
WHITE CLAY	38	110
WHITE SAND CLAY	110	140
WHITE SAND	140	170

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.



[Signature]  
Signature of Water Well Contractor

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# 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

For Office Use Only

Aquifer: \_\_\_\_\_  
Well #: C-293  
Elevation: \_\_\_\_\_

County: ITTE  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date completed: 2/24/09

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Bryan Crumpton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1525 Crumpton</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>Leaksville, MS 38718</u>	<u>1/4 1/4 Sec D-4 Twn T4S Rng R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 233-4888</u>	<u>3</u> miles <u>S</u> of <u>Crumpton</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>2/24/09</u>	Setting Depth: <u>170</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>2/24/09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>90</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
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 <u>20</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>22</u> gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

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

Bob Smith 645 \_\_\_\_\_  
Print Name of Pump Installer and License No. Signature of Pump Installer

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