

# 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 #: D-138

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: TATE

Permit #: \_\_\_\_\_

Driller: F Langford

Date drilling completed: 7-27-07

**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)

Owner Name: BRANDON

Mailing Address: BETTY-THYTHIA RD

Coldwater MS  
City State Zip Code

Telephone No. ( ) \_\_\_\_\_

### Well or Borehole Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 32 Twn 4/9 Rng 5W

Distance Direction Nearest Town  
1 Miles N of BATT

### Well / Borehole Data

Date drilling started: 7-26-07 Date drilling completed: 7-27-07 Hole depth: 190 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: Neighb well

Method of dosing and volume of Chlorine used in drilling and development: 4 GAL Chlorox

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: AUG 10 2007

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 7-27-07

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

Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 1/2 inches Type of screen: SLOTTED PVC

Screen slot size: .013 inches Setting depth: From 190 feet to 190 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*

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-138  
Elevation: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: E. Langford  
Date completed: 7-27-07

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>BRANDON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BETT THYTHIA RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLDWATER MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>32</u> Twn <u>49</u> Rng <u>5W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>N</u> of <u>BETT</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>3/4</u> <b>RECEIVED</b>
Date Pump Installed: <u>7-27-07</u>	Setting Depth: <u>140</u> <b>AUG 10 2007</b>
Rated Pump Capacity: <u>15+</u> Gallons Per Minute	Number of Stages: <u>12</u> <b>BY: OLWR</b>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-27-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> <del>15</del> Gallons Per Minute	<u>0</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

FRANK LANGFORD 0-622  
Print Name of Pump Installer and License No. (if applicable)

Frank Langford  
Signature of Pump Installer