

# 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 #: N-58  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jeff  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date drilling completed: 9-12-07

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>Barry Sewell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4544 Grenwell Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Hammond, MS 38632</u>	<u>1/4</u> <u>1/4</u> Sec. <u>N-6</u> Twn <u>T6S</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 828-6763</u>	<u>2</u> Miles <u>SW</u> of <u>LOXAHOMY</u>

**Well Data**

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

Date well drilling started: 9-12-07 Date well drilling completed: 9-12-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 9-12-07

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

Hole depth: 107 Well depth: 107 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 87 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 137005 inches Sealing depth: From 87 feet to 107 feet

Type of completion (circle all applicable):  Gravel packed  Unscreened  Telescoped  Open hole  Natural Development

Other (describe): WASHED SAND

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

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

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

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.

Bob Smith 0645 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 09/13/07  
 137005

N-58

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
Top Soil	0	5
BROWN CLAY	5	27
GRAVEL	27	34
White SAND + CLAY	34	60
White SAND	60	95
White CLAY	95	100
White SAND	100	107

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.

Landowner Name: Barry Sowell W

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

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-58  
 Elevation: \_\_\_\_\_

County: Tate  
 Permit #: \_\_\_\_\_  
 Driller: Bob Smith  
 Date completed: 9-12-07

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>Bobby Souren</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4544 Greenwood</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Henrieville, MS 38632</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec N6 Twn T65 Rng E6W</u>
Telephone No. <u>(601) 838-6763</u>	Distance Direction Nearest Town
	<u>2 Miles S/W of Loxley, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-12-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-12-07</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>63</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>16</u> GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	<u>3</u> feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Bob Smith 0645  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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