

# 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-23  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TIPPAN  
Permit #: MS 6W-16127  
Driller: \_\_\_\_\_  
Date drilling completed: \_\_\_\_\_

**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>TIPPERSVILLE DEVELOPMENT</u>	Latitude: <u>34° 53' 57"</u> Longitude: <u>88° 55' 19"</u>
Mailing Address: <u>2540 CR 223</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>WALNUT</u> <u>MS</u> <u>38683</u>	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>25</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( <u>662</u> ) <u>223-4405</u>	<u>5</u> Miles <u>S</u> of <u>WALNUT</u>

### Well / Borehole Data

Date drilling started: JAN 05 Date drilling completed: NOV 05 Hole depth: 11 Hole diameter: 1 7/8

Location of the source of any surface water used for drilling: TIPPERSVILLE WATER ASSN  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: 263 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

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

Casing length: 970 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: .016 inches Setting depth: From 976 feet to 1036 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: 916 feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A

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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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-23  
 Elevation: \_\_\_\_\_

County: Tippah  
 Permit #: MSGW 16127  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

*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>TIPLERSVILLE DEVELOPMENT</u>	Latitude: <u>34 5354N</u> Longitude: <u>88 5519W</u>
Mailing Address: <u>2540 CR 223</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WALNUT MS 38683</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 19 T 2S R 4E</u>
Telephone No. ( <u>662</u> ) <u>223-4491</u>	Distance Direction Nearest Town
	<u>5 Miles S of WALNUT</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>11/2/05</u>	Setting Depth: <u>400</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/5/05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>263</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>353</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>90</u> Feet Below Land Surface	Well yielded <u>200</u> GPM with a drawdown of
Test Pumping Rate: <u>200</u> Gallons Per Minute	<u>50</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Rayburn Parks 0-414  
 Print Name of Pump Installer and License No. (if applicable)

Rayburn Parks  
 Signature of Pump Installer

Form: OLWR-SWR-1B  
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