

# 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 #: J-78  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: TIPPANH  
Permit #: \_\_\_\_\_  
Driller: R. MEDLIN  
Date drilling completed: 5-20-06

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>IDA COLEMAN</u>	Latitude: <u>NA</u> " Longitude: <u>NA</u> "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>Hwy 15 N.</u>	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>4.5</u> Rng <u>3 E</u>		
<u>Blue mtn MS 38610</u>	Distance: <u>3</u> Miles	Direction: <u>N</u>	Nearest Town: <u>Blue Mtn</u>
City: _____ State: _____ Zip Code: _____	Telephone No. (____) <u>NA.</u>		

### Well Data

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

Date well drilling started: 5-13-06 Date well drilling completed: 5-20-06

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

Static Water Level: 60' feet above or below (circle one) land surface Date measured: 5-18-06

Method of Measurement (circle one)  steel tape  electric tape  air line other: Nylon cord of weight

Hole depth: 140 Well depth: 140 Well grouted to a depth of 25 feet

Type of grout (circle one)  Cement  Bentonite  Mix  
Casing length: 130 feet Casing diameter: 4 inches Type of casing: 4" sch 40 pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 40 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: \_\_\_\_\_ 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.

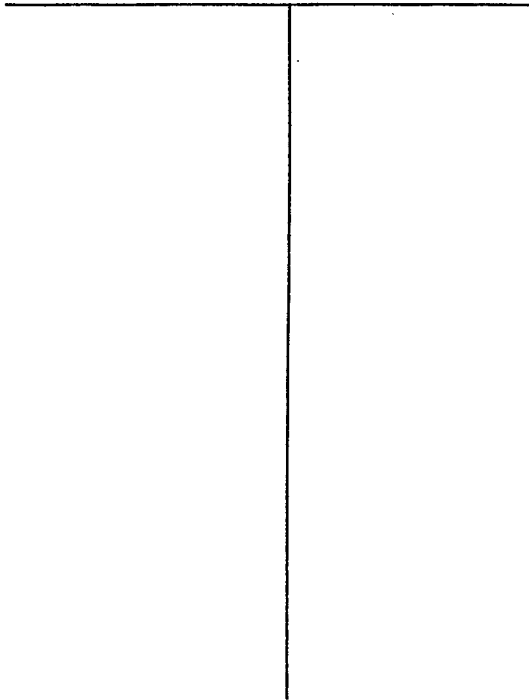
Ronnie Medlin 0429 [Signature]  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

J 78

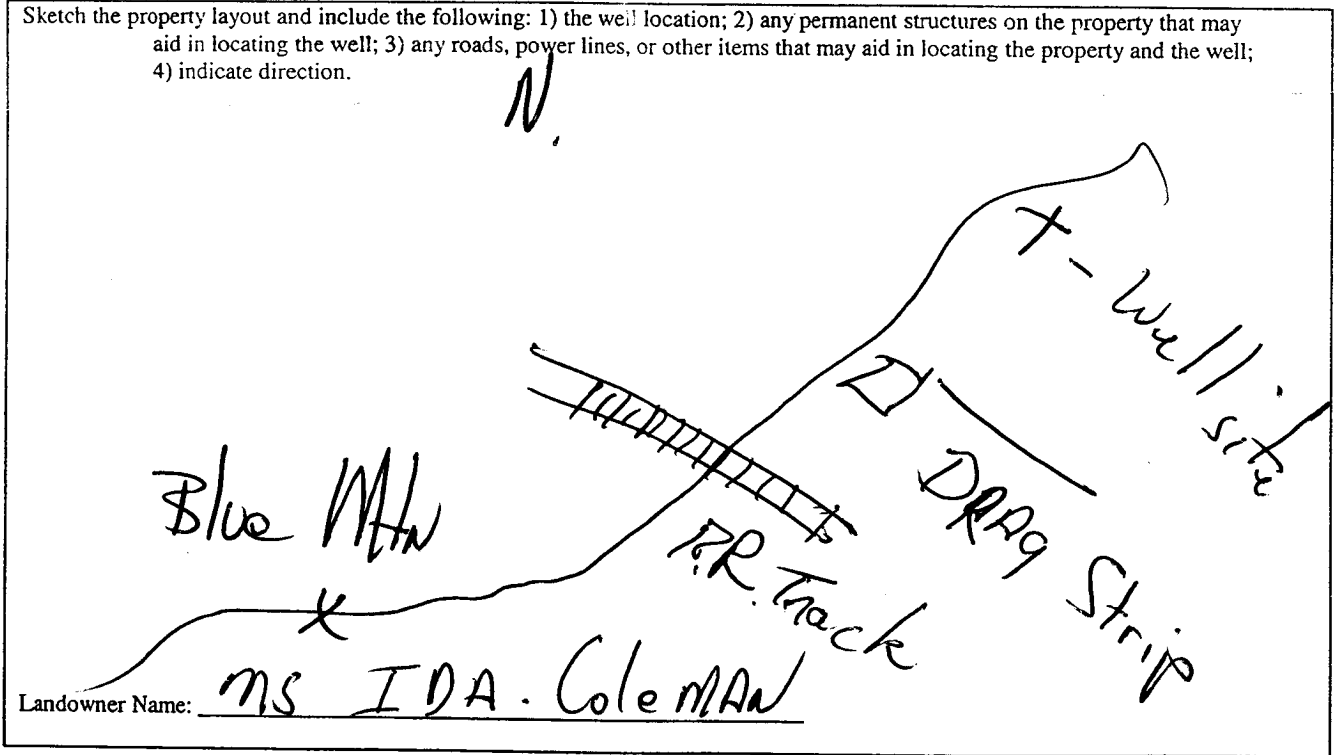
Ground Level




Description of Formations Encountered	From	To
top Soil	0	25
Iron water aquifer	25	75
Light Blue Clay		
Rock mix	75	120
water Sand aquifer	120	140

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 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 #: J78  
 Elevation: \_\_\_\_\_

County: Tippah  
 Permit #: \_\_\_\_\_  
 Driller: R. Medlin  
 Date completed: 5-21-06

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>MS IDA. Coleman</u>	Latitude: <u>NA</u> Longitude: <u>NA</u>
Mailing Address: <u>Hwy 15, N.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Blue Mt N MS 38611</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>27</u> Twp <u>4.S</u> Rng <u>3.E</u>
Telephone No. (____) <u>NA</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>N</u> of <u>Blue Mt N</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="radio"/> 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>5-18-06</u>	Setting Depth: <u>80</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>5-18-06</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="radio"/>
Static Water Level (A): <u>60</u> Feet <input checked="" type="radio"/> Below Land Surface	Other (specify): <u>Nylon Cord &amp; weight</u>
Pumping Water Level (B): <u>63</u> Feet <input checked="" type="radio"/> Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B)-(A)): <u>3</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>3</u> feet after <u>7</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>7</u> hours	

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

RONNIE MEDLIN 0429 Print Name of Pump Installer and License No. (if applicable)      [Signature] Signature of Pump Installer

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