

# 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 #: K-43  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Tunica  
Permit #: OW42055  
Driller: Alan Pyle  
Date drilling completed: 7-23-07

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>JOSH WILLIAMS</u>	Latitude: <u>34° 32' 41" N</u> Longitude: <u>90° 18' 43" W</u>
Mailing Address: <u>2620 Hwy 615</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hernando</u> MS <u>38632</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4</u> <u>N 1/4</u> Sec <u>24</u> Twn <u>6 S</u> Rng <u>11 W</u>
Telephone No. <u>(662) 429 2310</u>	Distance <u>10</u> Miles Direction <u>SE</u> of Nearest Town <u>TUNICA</u>

**Well Data**

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

Date well drilling started: 7-23-07 Date well drilling completed: 7-23-07

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 7-24-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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: VISUAL

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.

ALAN PYLE 0674 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
AUG 24 2007  
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)961-3210  
 (601)354-6938 (fax)

County: JUNICA  
 Permit #: QW42055  
 Driller: Delta Drilling  
 Date completed: 7-24-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: K-43  
 Elevation: \_\_\_\_\_

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>JASH WILLIAMS</u> Mailing Address: <u>2620 Hwy 615</u> <u>Herndon MS 38632</u> <small>City State Zip Code</small> Telephone No. <u>(662) 429-2310</u>	Latitude: <u>34 32 189</u> Longitude: <u>90-18-713</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SW 1/4 NE 1/4 Sec 24 Twn 6 S Rng 11 W</u> Distance Direction Nearest Town <u>10 Miles SE of JUNICA</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible Bucket      Piston <u>Turbine</u> Centrifugal      Rotary      Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>80</u> Siting Depth: <u>50</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>7-24-07</u> <u>7-24-07</u> Rated Pump Capacity: <u>1500</u> Gallons Per Minute	

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

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

ALAN PYLE      \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 AUG 24 2007  
 BY: OLWR