

# 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)

County: WATTHALL  
 Permit #: \_\_\_\_\_  
 Driller: Jordan Well Ser  
 Date drilling completed: 10/14/04

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 15-173K73 147  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Damon Brelaud</u>                             | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>70 Ellis Rd</u><br><u>Tyler town, MS</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                     | _____ 1/4 _____ 1/4 Sec. <u>3</u> Twn. <u>1N</u> Rng. <u>12E</u>                                    |
| Telephone No. <u>(601) 222-0209</u>                          | Distance _____ Direction _____ Nearest Town _____<br><u>8</u> Miles <u>S/E</u> of <u>Tyler town</u> |

**Well Data**

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

Date well drilling started: 10/14/04 Date well drilling completed: 10/14/04

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: Same

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

Hole depth: 92 Well depth: 92 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10/10 inches Setting depth: From 82 feet to 92 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.

Jordan Well Ser. 0-508  
 Print Name of Water Well Contractor and License No.

[Signature]  
 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 #: K-173  
 Elevation: \_\_\_\_\_

County: WAHHAH  
 Permit #: \_\_\_\_\_  
 Driller: J.C. Sumrall  
 Date completed: 10/14/04

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>DAMON Breland</u>           | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>70 Ellis Rd</u>        | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Tylertown MS</u><br>City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>1</u> Rng <u>12</u>   |
| Telephone No. <u>601) 222-0209</u>         | Distance Direction Nearest Town<br><u>8</u> Miles <u>S/E</u> of <u>Tylertown</u>                    |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas  |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>           | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____  |
| Other (specify): <u>1</u>   | Horse Power Rating of Motor: <u>1/2</u>  |
| Date Pump Installed: <u>10/14/04</u>  | Setting Depth: <u>85</u> feet  |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute                           | Number of Stages: <u>8</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>10/14/04</u>                         | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): <u>55</u> Feet Below Land Surface | Other (specify): _____  |
| Pumping Water Level (B): _____ Feet Below Land Surface    | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface       | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>10</u> Gallons Per Minute           |   |
| Duration of Pump Test (minimum 4 hours): _____ hours      |   |

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

Jordan Well Ser 0-508 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 OCT 26 2004  
 BY: OLWR