

# 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 #: A-2114  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: WASHINGTON  
 Permit #: 42334  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 12-3-07

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>William A. Hester Jr.</u>	Latitude: <u>33° 29' 43.3"</u> Longitude: <u>91° 02' 45.7"</u>
Mailing Address: <u>225 WARREN RD.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<del>225 WARREN RD.</del>	USGS quad, <u>SE 1/4 NE 1/4 Sec 20</u> Twn <u>19N</u> Rng <u>8W</u>
City: <u>GREENVILLE, MS</u> Zip Code: <u>38701</u>	Distance <u>4</u> Miles Direction <u>N</u> of Nearest Town <u>GREENVILLE</u>
Telephone No: <u>662 829 4026</u>	

### Well Data

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

Date well drilling started: 12-3-07 Date well drilling completed: 12-3-07

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

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

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

Hole depth: 108 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60-70 feet to 80-105 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.

JOHN NEWCOME 0-773 RECEIVED [Signature]  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

FEB 01 2008

YWD JOINT WATER  
 MANAGEMENT DISTRICT

42334

# 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 #: <u>A-204</u>
Elevation: _____	

County: <u>WASHINGTON</u>
Permit #: <u>GW42334</u>
Driller: <u>J. NEWCOME 0-773</u>
Date completed: <u>12-3-07</u>

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>AUSTIN HESTER FARMS</u>	Latitude: <u>33-28-79.3</u> Longitude: <u>091-02-85.7</u>
Mailing Address: _____ <u>225 WARREN RD.</u> <u>GREENVILLE, MS. 38701</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No: <u>662-335-9862</u>	SE 1/4 NE 1/4 Sec <u>20</u> Twn <u>19N</u> Rng <u>8W</u>
	Distance Direction Nearest Town <u>4</u> Miles <u>N</u> of <u>GREENVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>12-10-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>1-STAGE 14"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NOT TESTED</u> 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: _____ 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.

<u>GLEN POWE #710-P</u> Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer
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RECEIVED  
 JAN 10 2008  
 BY: OLWR