POWERS PRAMS

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)

Driller: J. NEW CARE 0:773

Date drilling completed: 3-72-11

County: WASHINGTON

Permit #: GW 44784

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 Location
Well Owner Information	
OWNER Name Edward Bridges	Latitude: 33 . 29 . 23 " Longitude: 91.04.11 "
Mailing Address: 903 Commonweath Au	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, (Hand-held GPS, Survey-grade GPS
Alexandria VA 22301	NW4 MW4 Sec 18 Twn 9N Rng BW
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	O Miles NW of GREENVILLE
Well	Data
Purpose of Weil (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:
7 _ 0 0	3-22-11
Date well drilling started: 3-22-11 Date	well drilling completed:
If flowing, method of flow regulation: Valve Other	
Static Water Level:feet above or below (circle one)	land surface Date measured:
Method of Measurement (circle one) steel tape electric tap	e air line other:
Hole depth: D2 Well depth:	Well grouted to a depth of feet
Type of grout (circle one): Cement Bentonite Mi	
Casing length: 6 feet Casing diameter: 16	inches Type of casing: P. U. C.
Screen length: 40 feet Screen diameter: 16	$\rho \wedge c$
	60 feet to 100 feet
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 R	ay Density Sonic Neutron Other:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed	n accordance with all applicable requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi l	
A DETHIN NEWCOME	10.
Johnsone 0.71	5 Yol Newcon
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.

Ground Level	Description of Formations Encountered	From	To
1	76P SOIL	10	10
	MIX CLAY / FINE SAND	10	20
	FINE / FAIR SMO	20	60
11, _	COARSE SAND GRAVER		100
16" CASING	Bottom	100	105
1 11 11			
I'VE CASING	· · · · · · · · · · · · · · · · · · ·		<u> </u>
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16" screen			
11" 50,000			
16 2000			
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If more than one screen, show location of each on sketch

Sketch the property layout a aid in locating 4) indicate dir	nd include the following: 1) the well location; 2) any permanent structures on the property that may the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; ection.
·	SØE MAP
Landowner Name:	

Signature of Water Well Contractor

	STAT	E WELL REPORT
	County: Washington	Part 2
	CIN LILY US Pump In	nstaller's Completion Report Aquifer:
	172200001PP1 2	epartment of Environmental Quality of Land and Water Resources
		P.O. Box 2309
	Date completed: 3/20/11	Jackson, MS 39225 Elevation:
	Copy information from block on Part 1	(601)961-5228 (fax)
	This part of the report must be completed by a licensed wa	tter well contractor or a licensed pump installer. A copy of Part 1 of the
!	report must be attached and both parts filed with the Depa	artment at the above address within 30 days of well completion. Well Location
	Well Owner Information	Latitude: 336 29123' Longitude: 91004' 11"
	Owner Name: Edward Bridges	
	Mailing Address: 903 Commonweath	Method of Lat/Long (check one): Conventional Survey.
		USGS quad, Hand-held GPS, Survey-grade GPS
	Arexandria NA 203	61 NW 1/4 NW 1/4 Sec 18 T 19N R 8W
	City State Zip Code	
	Telephone No. (Distance Direction Nearest Town 114
	A STOPPHONE A TOO	
	Pump Type	Power Type
	Circle one	Circle one
	Bucket Piston Turbine	Electric Motor Hand Tractor PTO
	Centrifugal Rotary Flowing Well	Windmill Other (specify):
	Other (specify):	Horse Power Rating of Motor:
	Date Pump Installed: 3/3/11	Setting Depth:
	$\sim c \wedge \wedge$	
	Rated Pump Capacity:	nute Number of Stages:
	Pump Test Data	Method of Measuring Water Level
	Date Well Tested:	Circle one
	Static Water Level (A):Feet Below Land Sur	Air Line Electric Measuring Line Steel Tape
		Other (specify):
	Pumping Water Level (B):Feet Below Land Sur	face
	Drawdown [(B) – (A)] Feet Below Land Sur	face For flowing well, measured shut in head:
	Test Pumping Rate:Gallons Per Mir	nute Well yieldedGPM with a drawdown of
	Duration of Pump Test (minimum 4 hours):ho	oursfeet after hours of pumping
	· · · · · · · · · · · · · · · · · · ·	

Duration of Pump Test (minimu	ım 4 hours): _	hours		feet after	hours of pumping	
This is for (circle one):	New Well	Replacement of Existin	ig Pump	Repair of Existing Pun	RECLIVE MAR 3 1 201	
I HEREBY CERTIFY that the a Row Print Name of Pump Installer ar	e 0-	711P	(ture of Pulmp Installer	3V NIW	ŗ

Form: OLWR-SWR-10 (07-09)