

Driftwood 2 North well

# 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 #: L-167  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: WASHINGTON  
Permit #: \_\_\_\_\_  
Driller: J. NEWCOME  
Date drilling completed: 4-11-07

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>DRIFTWOOD MITIGATION AREA</u>	Latitude: <u>33.12.54</u> Longitude: <u>90.57.51</u>
Mailing Address: <u>C/O CORP OF ENGINEERS</u> <u>4155 CLAY ST.</u> <u>VICKSBURG, MS. 39103</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>601-631-5283</u>	SE 1/4 NW 1/4 Sec <u>20</u> Twn <u>16N</u> Rng <u>7W</u>
	Distance <u>4.5</u> Miles Direction <u>E</u> of Nearest Town <u>AVON</u>

### Well Data

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

Date well drilling started: 4-11-07 Date well drilling completed: 4-11-07

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: 88 Well depth: 85 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: 25 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 60 feet to 85 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  
Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

RECEIVED  
JUL 10 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)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L-167

Elevation: \_\_\_\_\_

County: WASHINGTON

Permit #: \_\_\_\_\_

Driller: J. NEWCOMB

Date completed: 4-11-07

**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>DRIFTWOOD MITIGATION AREA</u>	Latitude: <u>33-12-54</u> Longitude: <u>090-57-51</u>
Mailing Address: <u>210 CORP OR ENGINEERS</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Vicksburg, Ms. 39103</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>20</u> Twn <u>16N</u> Rng <u>7W</u>
Telephone No: <u>601-631-5283</u>	Distance Direction Nearest Town
	<u>4.5</u> Miles <u>E</u> of <u>AVON</u>

Pump Type Circle one	Power Type 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
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>4-12-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>1</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>NO TEST</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.

GEN Rowe #710-9 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED  
 JUL 10 2007  
 BY: OLWR