

# 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 #: Q-41  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne 153  
Permit #: \_\_\_\_\_  
Driller: Ray V. West Drilling, Inc.  
Date drilling completed: 3-2-05

Ray V. West Water Well Drilling, Inc.

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>Woody Strickland</u>	Latitude: <u>31.34</u> " Longitude: <u>88.57</u> "
Mailing Address: <u>3011 Colburn Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mobile AL 36606</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 15 Twn 7N Rng 9W</u>
Telephone No. <u>(251) 479-1007</u>	Distance Direction Nearest Town <u>15 Miles SW of Waynesboro</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>2-27-05</u> Date well drilling completed: <u>3-2-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>62</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-2-05</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>243</u> Well depth: <u>243</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>223</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slatted</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>223</u> feet to <u>243</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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.	
<u>DAVID A. WEST 0-672</u>	<u>David A. West</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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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 #: Q-41

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

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: Roy L. West  
 Date completed: 3-2-05

**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>Woody Strickland</u>	Latitude: <u>31°34</u> Longitude: <u>88°57'</u>
Mailing Address: <u>3011 Colburn Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mobile AL 36606</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 15 Twn 7N Rng 9W</u>
Telephone No. <u>(251) 479-1007</u>	Distance Direction Nearest Town <u>15 Miles SW of Waynesboro</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>3-11-05</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>9</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): _____ 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.

David A. West 0-672  
 Print Name of Pump Installer and License No. (if applicable)

David A. West  
 Signature of Pump Installer

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Q41

If well telescopes please sketch below and show depths.

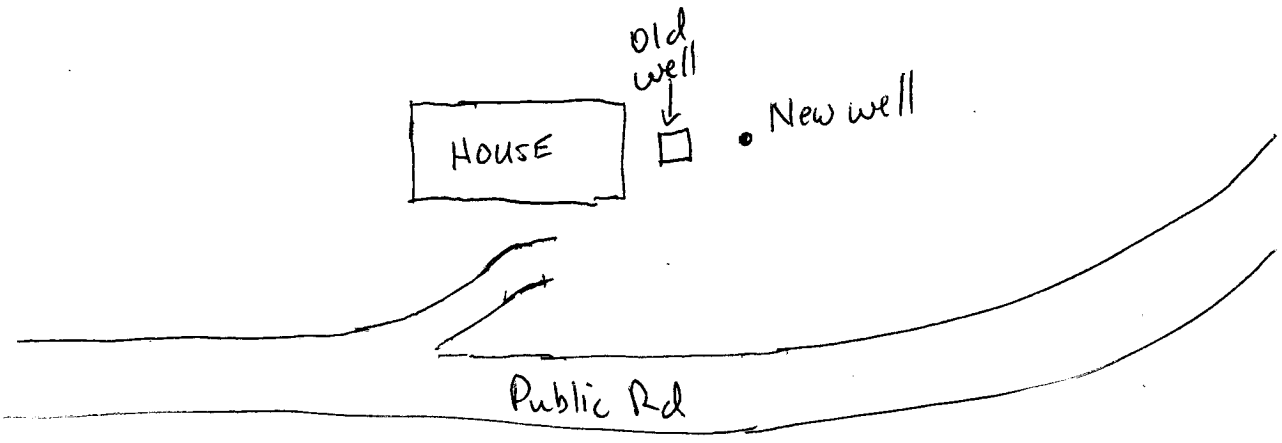
Ground Level

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Description of Formations Encountered	From	To
CLAY	0	23
SAND & CLAY STRKS	23	52
CLAY	52	91
SANDY	91	114
CLAY	114	221
FINE SAND	221	243

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Woody Strickland

David A. West  
Signature of Water Well Contractor

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