

Phillips Duckwell

# 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 #: ~~7-155~~ #30  
L. S. Elevation: 556  
E-log #: \_\_\_\_\_

County: ~~YAZOO~~  
Permit #: GW40810  
Driller: JOHN NEWCOME  
Date drilling completed: 12-30-05

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>PHILLIPS FARM</u>	Latitude: <u>32° 49' 45"</u> Longitude: <u>90° 45' 30"</u>
Mailing Address: <u>C/O BRIAN BARNHAM</u> <u>P.O. Box 279</u> <u>HOLLY BLUFF, MS. 39088</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1 SE</u> Sec <u>3</u> Twn <u>11 N</u> Rng <u>5 W</u> <u>12 N</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>5.1</u> Miles Direction: <u>west</u> of Nearest Town: <u>Holly Bluff</u>
Telephone No. <u>662-571-0896</u>	

### Well Data

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

Date well drilling started: 12-30-05 Date well drilling completed: 12-30-05

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

Static Water Level: NOT MEASURED feet above or below (circle one) land surface Date measured: NOT MEASURED

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

Hole depth: 91 Well depth: 88 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 58 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 55-65 feet to 68-88 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.

[Signature]  
Signature of Water Well Contractor

RECEIVED  
JAN 27 2006  
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 #: <del>255</del> <b>H-30</b>
Elevation: <u>ES6</u>	

County: <u>YAZOO</u>
Permit #: _____
Driller: <u>JOHN NEWCOME</u>
Date completed: <u>12-30-05</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>PHILLIPS FARM</u>	Latitude: <u>32-49-43</u> Longitude: <u>090-45-93</u>
Mailing Address: <u>10 BRIAN BARHAM</u> <u>PO Box 279</u> <u>HOLLY BLUFF, MS. 39088</u>	Method of Lat/Long (circle one): Conventional Survey, <u>01</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SE 1/4 SW 1/4 Sec <u>8</u> Twn <u>11N</u> Rng <u>5W</u> NW SE Direction <u>31</u> Nearest Town <u>12N</u>
Telephone No. <u>662-571-0894</u>	Distance <u>5</u> Miles <u>WEST</u> of <u>HOLLY BLUFF</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston <u>None</u>	Electric Motor              Hand                      Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>12-31-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: _____

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.

GLEN ROWE 710-P                      Glen Rowe  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

**RECEIVED**  
 JAN 27 2006  
 BY: OLWR