

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 #: H-34
L. S. Elevation:
E-log #:

County: Attala
Permit #:
Driller: Cain
Date drilling completed: 12-7-06

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: Owner Name Ray M. Watkins, Mailing Address County Rd 2101 Box 2744 Ethel MS 39067, Telephone No. (601) 853-7637. Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Hand-held GPS, Survey-grade GPS, N 1/4 E 1/4 Sec 20 Twn 15N Rng 8E, Distance 4 Miles Direction N/E of Ethel MS.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Camp House, Date well drilling started: 12-4-06 Date well drilling completed: 12-7-06, Static Water Level: 25 feet above or below (circle one) land surface Date measured: 12-6-06, Method of Measurement (circle one) steel tape electric tape air line other: string, Hole depth: 63 Well depth: 63 Well grouted to a depth of 10 feet, Type of grout (circle one) Cement Bentonite Mix, Casing length: 53 feet Casing diameter: 4 inches Type of casing: PVC, Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC, Screen slot size: #10 inches Setting depth: From 53 feet to 63 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.

MS Well Drilling Co 0-374
Print Name of Water Well Contractor and License No.

Nelson Cain
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 #: H-34

Elevation: _____

County: Attala

Permit #: _____

Driller: Cain

Date completed: 12-7-06

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>Ray M. Watkins</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>County Rd 2101</u> <u>Box 2744</u> <u>Ethel MS 39067</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N</u> ¼ <u>E</u> ¼ Sec <u>20</u> Twn <u>15/N</u> Rng <u>3/E</u>
Telephone No. <u>(601) 853-7637</u>	Distance Direction Nearest Town <u>4</u> Miles <u>N/E</u> of <u>Ethel MS</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 <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 hp</u>
Date Pump Installed: <u>12-6-06</u>	Setting Depth: <u>55</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-6-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>25'</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Nelson Cain 0-374
Print Name of Pump Installer and License No. (if applicable)

Nelson Cain
Signature of Pump Installer

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