

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 #: C-28
L. S. Elevation: _____
E-log #: _____

County: Benno
Permit #: _____
Driller: Wilson WDW
Date drilling completed: 9-13-05

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>Chevy Walker</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hubbard Farm</u> <u>2358 Whippoorwill Rd.</u> <u>Memphis, MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>T15</u> Rng <u>R2E</u>
Telephone No. <u>(901) 277-5100</u>	Distance <u>4</u> Miles Direction <u>South</u> of Nearest Town <u>Shelby - Hwy 57</u>

Well Data

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

Date well drilling started: 9-13-05 Date well drilling completed: 9-13-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 9-13-05

Method of Measurement (circle one) steel tape electric tape air line other: AVC Pipe

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 4 inches Type of casing: Plastic PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Plastic PVC

Screen slot size: .010 inches Setting depth: From 95 feet to 105 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: NA 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.

Rodrig D. W. Sar - 0418 _____
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)

County: DEWTON
 Permit #: _____
 Driller: WILSON WELL
 Date completed: 9-13-05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-28
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>CHRYL WALKER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>WALKER FARM</u> <u>2358 Whippoorwill Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>MEMPHIS</u> City, <u>MS</u> State Zip Code _____	_____ 1/4 _____ 1/4 Sec. <u>20</u> T. <u>15</u> R. <u>2E</u>
Telephone No. <u>(601) 277-5100</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <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 1/2</u>
Date Pump Installed: <u>9-13-05</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: <u>8</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-13-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>Pvc Pipe</u>
Pumping Water Level (B): <u>90</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: <u>22</u> 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.

Robbie D. Wilson 0-48 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer