

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 #: E-92
L. S. Elevation: _____
E-log #: _____

County: Benton 009
Permit #: _____
Driller: Wilson Well
Date drilling completed: 12/17/04

Wilson Well Company, 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>Brandon Norton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>471 CR 304</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>walnut ms 38683</u>	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>25</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>5</u> Miles <u>NO</u> of <u>Cashland</u>
	<u>13662 Hwy 72</u>

Partly SW NW
Sec 9
2 South
2 East

Well Data

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

Date well drilling started: 12/17/04 Date well drilling completed: 12/17/04

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 12/17/04

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 117 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 117 feet to 127 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.

Rodney D. Wilson 0-418
Print Name of Water Well Contractor and License No.

Rodney D. Wilson
Signature of Water Well Contractor

RECEIVED
JAN 13 '05
BY OLIVIA

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: Marshall
 Permit #: _____
 Driller: Wilson Well Co Inc.
 Date completed: 12-17-04
Copy information from block on Part 1.

For Office Use Only:
 Aquifer: _____
 Well #: E-92
 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>Brandon Norton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>471 CR 304</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Walnut MS 38683</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 2 T 25 R 1E</u>
Telephone No. (____)	Distance Direction Nearest Town
	<u>5 Miles NE of Ashland</u>
	<u>13662 Hwy 22</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>12-17-04</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>22</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-17-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>25'</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>85'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>220</u> 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): <u>4</u> hours	

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

Rodney Wilson 0-418
 Print Name of Pump Installer and License No. (if applicable)

Rodney Wilson
 Signature of Pump Installer