

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-44
L. S. Elevation: _____
E-log #: _____

County: Benton 009

Permit #: _____

Driller: Medlin

Date drilling completed: 3-22-05

Medlin Well Company

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: Rachel Beardslly

Mailing Address: 1421 Hwy 2 E

Hickory Flat MS, 38633
City State Zip Code

Telephone No: 663 316 3353

Well Location

Latitude: ? Longitude: ?

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec 24 Twn S-8 Rng 1-E

Distance 3 1/4 Miles Direction E of Nearest Town Hickory Flat

Well Data

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

Date well drilling started: 3-10-05 Date well drilling completed: 3-22-05

If flowing, method of flow regulation: Valve _____ Other (describe): 3-20-05

Static Water Level: 140' feet above or below (circle one) land surface Date measured: 3-20-05

Method of Measurement (circle one): steel tape electric tape air line other: Yellow Cord & weight

Hole depth: 580' Well depth: 580' Well grouted to a depth of 16' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 4 inches Type of casing: Sch 40 PVC

Screen length: 60 feet Screen diameter: 2" inches Type of screen: Sch 40 PVC

Screen slot size: 0.13 inches Setting depth: From 520 feet to 580 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): 350' 4" down to 230 2"

Top of lap pipe or reduction in casing: None 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.

James R. MEDLIN 0-429

James R. Medlin

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

MAR 31 2005

BY: OLWR

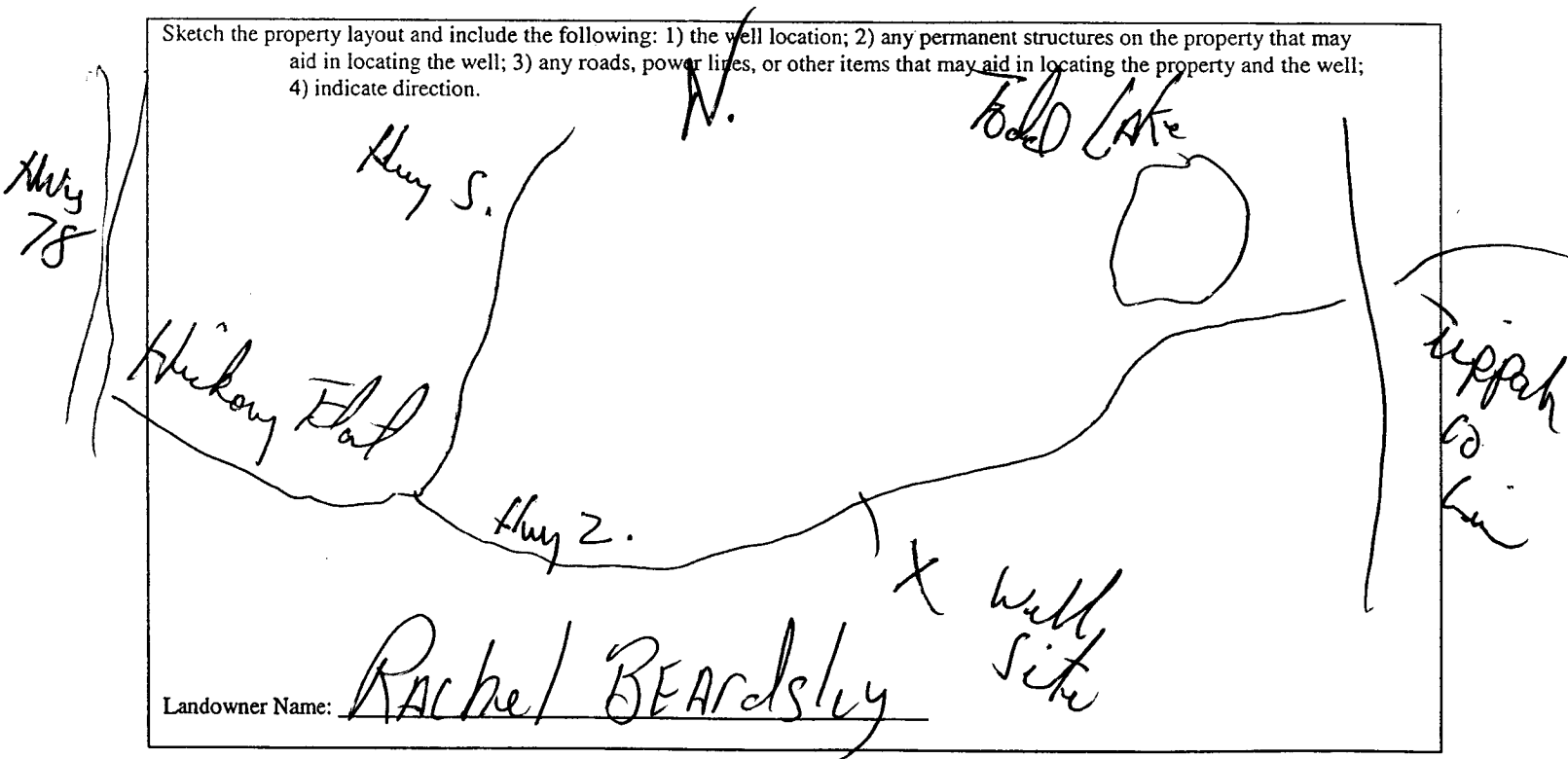
If well telescopes please sketch below and show depths.

Ground Level	Well ID	Description of Formations Encountered	From	To
	0-44	Top Soil, mix		
		Red clay, SAND	0-140	
		Mix blue clay,		
		Fine silt, Rock	140-300	
		Medium soft blue		
		CLAY	300-430	
		Shell Rock, clay	430-520	
		Shell, water sand		
		aquifer	520	580

16' min Cement Grout
 350' 4" sch 40. casing
 2 1/4" formation Packer
 2" solid casing
 60' 2" screen

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.



James L. Mull: 0-429
 Signature of Water Well Contractor

RECEIVED
 MAR 31 2005
 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: Benton
 Permit #: _____
 Driller: R. Medlin
 Date completed: 3-22-05
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: Q-44
 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>Rachel Beardsley</u>	Latitude: <u>NA</u>	Longitude: <u>NA</u>	
Mailing Address: <u>421 Hwy 2 E</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Hickory Flat MS 38633</u>	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>24 T. S. S. R. 1-E</u>		
Telephone No: <u>662, 316 3353</u>	Distance: <u>3 1/4</u> Miles	Direction: <u>E</u>	Nearest Town: <u>Hickory Flat</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<input checked="" type="radio"/> Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: _____		
Date Pump Installed: <u>3-20-05</u>			Setting Depth: <u>165</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute			Number of Stages: <u>10</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-20-05</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>140'</u> Feet Below Land Surface	Other (specify): <u>Nylon Cord & Weight</u>		
Pumping Water Level (B): <u>13.8</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ foot		
Drawdown ((B)-(A)): <u>3</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of		
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>3</u> feet after <u>5</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>5</u> hours			

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

JAMES R MEDLIN 0-429 James R. Medlin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAR 31 2005
 BY: OLWR

Handwritten text at the top of the page, possibly a title or header.

Small handwritten mark or symbol on the left side.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Handwritten text on the right side, possibly a name or date.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small rectangular handwritten mark or symbol.

Small rectangular handwritten mark or symbol.

Handwritten text in the middle section of the page.

Handwritten text in the middle section of the page.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol.

Small handwritten mark or symbol at the bottom.