

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 #: **P-19**
L. S. Elevation: _____
E-log #: _____

County: **Benton 009**
Permit #: _____
Driller: **MEDLIN**
Date drilling completed: **8-11-04**

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	Well Location
Owner Name: DAVID GADD	Latitude: NA Longitude: NA
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Hickory Flat MS 38633 City State Zip Code	1/4 1/4 Sec 5 Twn 5.5 Rng 2 E
Telephone No. 662 333 4317	Distance 6 Miles Direction NE of Nearest Town Hickory Flat

Well Data

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

Date well drilling started: **8-11-04** Date well drilling completed: **8-24-04**

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

Static Water Level: **130'** feet above or below (circle one) land surface Date measured: **8-20-04**

Method of Measurement (circle one) steel tape electric tape air line other: **Nylon cord & weight**

Hole depth: **625** Well depth: **625** Well grouted to a depth of **16** feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: **320** feet Casing diameter: **4** inches Type of casing: **Sch 40 P.V.C**

Screen length: **60** feet Screen diameter: **2"** inches Type of screen: **P.V.C Sch 40**

Screen slot size: **0.13** inches Setting depth: From **SGS** feet to **625** 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: **310** 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.

MEDLIN WELL **0429**
Print Name of Water Well Contractor and License No.

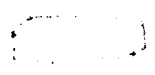
James R. Medlin
Signature of Water Well Contractor

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BY: OLWR

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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)354-6936 (fax)

County: BENTON
 Permit #: _____
 Driller: Medlin
 Date completed: 8-11-04
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: P-19
 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>DAVID GADD</u>	Latitude: <u>NA</u> Longitude: <u>NA</u>
Mailing Address: <u>N.A.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>5 5.5 R 2E</u>
<u>Hickory Flat MS 38633</u> <small>City State Zip Code</small>	Distance _____ Direction _____ Nearest Town _____ <u>6 Miles N.E. of Hickory Flat</u>
Telephone No. <u>662, 333-4317</u>	

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-22-04</u>	Setting Depth: <u>160'</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>8-22-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>130'</u> Feet Below Land Surface	Other (specify): <u>Nylon 1000 ft weight</u>
Pumping Water Level (B): <u>12.7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>5</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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.

R. MEDLIN 0429
 Print Name of Pump Installer and License No. (if applicable)

James R. Medlin
 Signature of Pump Installer

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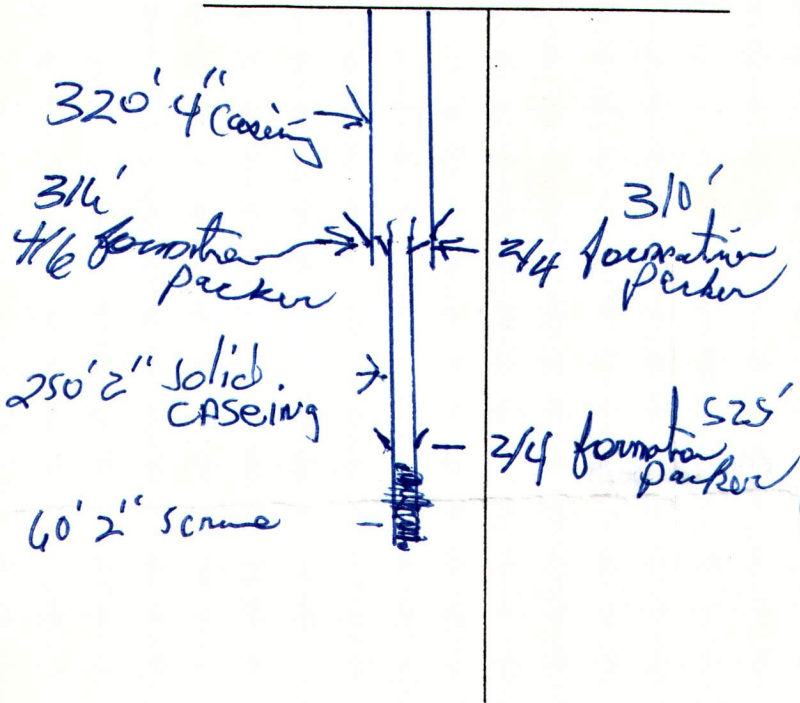
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If well telescopes please sketch below and show depths.

P-19

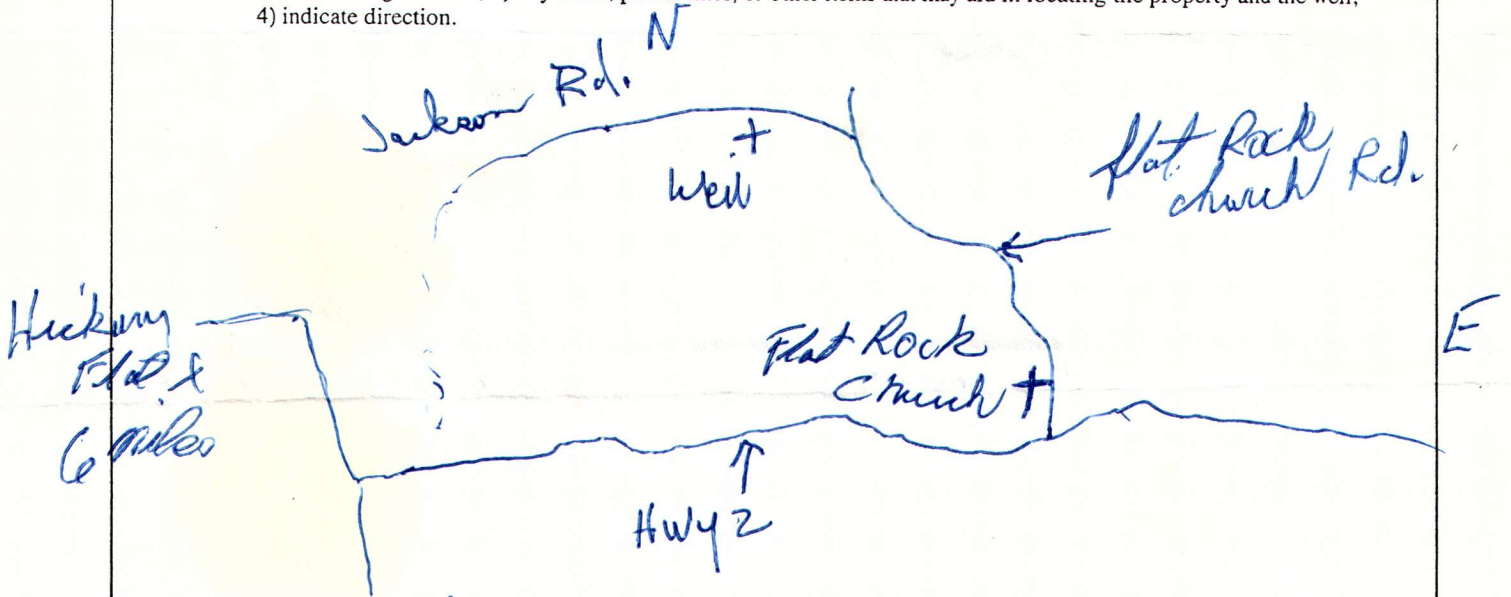
Ground Level



Description of Formations Encountered	From	To
TOP soil, Red clay SAND mix,	0	160
Blue clay, Shell ROCK, mix	160	260
Blue clay, Softer FORMATION	260	460
Shell Rock, clay (Blue)	460	540
WATER SAND, aquifer Shell,	540	625

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.



Landowner Name: David GARD

James R. Mull
Signature of Water Well Contractor

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