

JAN-10-2006 13:28 From:

6628431717

To: 360 0535

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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 #: D-142
 L. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: 6W40761
 Driller: Mike Wells
 Date drilling completed: 1-4-06

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	Well Location
Owner Name: <u>James Ashley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>507 Hillcrest</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland MS 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>17</u> <u>17</u> <u>24N</u> <u>6W</u>
Telephone No. <u>(662) 721-6589</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>W</u> of <u>SHREVEPORT</u>

Well Data

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

Date well drilling started 1-4-05 Date well drilling completed: 1-4-05

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 1-4-05

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

Hole depth: 113' Well depth: 113' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 73 feet to 113 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: N/A 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.

Thomas G. Chrestman 0-703 Thomas G. Chrestman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Received Fax :

Apr 10 2006 1:22

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6W40761

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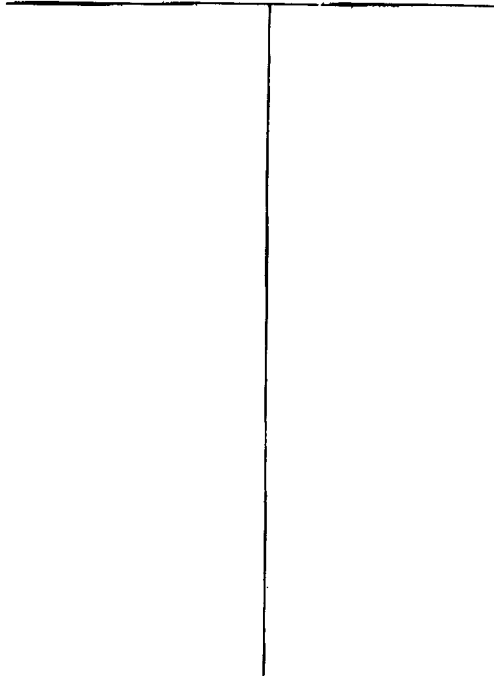
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D-142

If well telescopes please sketch below and show depths.

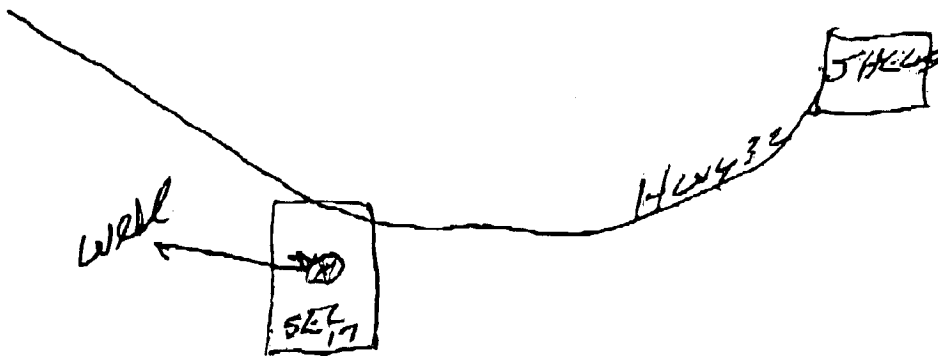
Ground Level



Description of Formations Encountered	From	To
Clay & Fine Sand	0	13
Fine Sand w/clay streaks	13	23
Medium Sand	23	33
Medium Sand	33	43
Medium Sand	43	53
Medium Sand	53	60
Course Sand	60	73
Course Sand + gravel	73	105
Course Sand	105	113

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: JAMES ASHLEY

Thomas C. Reynolds
Signature of Water Well Contractor

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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)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: D-142
 Elevation: _____

County: Bolivar
 Permit #: GW40761
 Driller: mike wells
 Date completed: 1-4-06

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>James Ashley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>507 Hillcrest</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cleveland MS 38932</u> City State Zip Code	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng
Telephone No. <u>(662) 721-6589</u>	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>SHREVEPORT</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>1-6-06</u>	Setting Depth: <u>73'</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not tested</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas C. Chley
 Print Name of Pump Installer and License No. (if applicable)

Thomas C. Chley
 Signature of Pump Installer