

FAXED
5-15-06

State Well Report
Part 1 - Driller's Log

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: Bolivar
Permit #: GW41044
Driller: Shane Partridge
Date drilling completed: 5-11-06

For Office Use Only:
Aquifer: _____
Well #: ~~6-219~~
L. S. Elevation: D0228
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Kenny Christmas</u>	Latitude: <u>N 33° 51' 24.9"</u> Longitude: <u>W 90° 47' 20.8"</u>
Mailing Address: <u>P.O. Box 770</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Shelby, MS 38774</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 11 Twn 23 Rng 6W</u>
Telephone No.: <u>662-719-0299</u>	Distance Direction Nearest Town
	<u>SW NE 23 24N</u>
	Miles of

Well / Borehole Data
Date drilling started: 5-11-06 Date drilling completed: 5-11-06 Hole depth: 103' Hole diameter: 27"
Location of the source of any surface water used for drilling: CANAL DITCH
Method of dosing and volume of Chlorine used in drilling and development: 1 GAL EC 3
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump _____
Seismic Survey Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5/12/06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 103' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 63 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 63 feet to 103 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: N/A feet. *If telescoped or more than one screen, describe on next page*

(contracted w/ Circle "S" irrigation)

Form: OLWR-SWR-1A
RECEIVED
MAY 22 2006
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)

For Office Use Only:

Aquifer: _____
 Well #: ~~G 219~~
 Elevation: **D0228**

County: _____
 Permit #: GW 41044
 Driller: _____
 Date completed: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

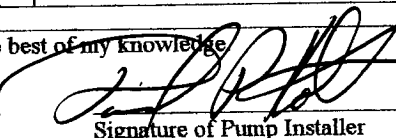
Well Owner Information	Well Location
Owner Name: <u>KSN PROPERTIES</u> Mailing Address: <u>8021 Willow Brook RD</u> <u>GERMANTOWN, TN 38138</u> <small>City State Zip Code</small>	Latitude: N 33 51 04 Longitude: <u>090 47 20</u> <small>55 05</small> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> ¼ <u>NE</u> ¼ Sec 11 <u>23</u> Twp 23 <u>24N</u> Rng <u>6W</u> <small>23 24N</small> Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>60</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>5-12-06</u>	
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>40</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input checked="" type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

DAVID P. HOLT 0-752 P
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

RECEIVED

MAY 22 2006

BY: OLWR