

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 #: 37
L. S. Elevation: G8A
E-log #: _____

County: CARROLL
Permit #: _____
Driller: CBS Drilling
Date drilling completed: 8-6-05

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>Richard Skinner</u>	Latitude: <u>33° 24' 43"</u> Longitude: <u>90° 09' 16"</u>
Mailing Address: <u>P.O. Box 96-A</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brandon, MS.</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 24 Twn 17N Rng 1E</u> <u>18N 2E</u>
Telephone No. <u>(601) 953-8926</u>	Distance <u>4</u> Miles Direction <u>E</u> of Nearest Town <u>Sidor</u>

Well Data

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

Date well drilling started: 8-1-05 Date well drilling completed: 8-6-05

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

Static Water Level: 3 feet above or below (circle one) land surface Date measured: 8-6-05

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

Hole depth: 415 Well depth: 410 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 390 feet Casing diameter: 4 inches Type of casing: PUC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PUC

Screen slot size: .010 inches Setting depth: From 390 feet to 410 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.

CBS Drilling 0-554 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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: CARTER
 Permit #: _____
 Driller: CBS Drilling
 Date completed: 8-6-05

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

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>Richard Skinner</u> Mailing Address: <u>P.O. Box 96-A</u> <u>Brandon, MS</u> City State Zip Code Telephone No. <u>(601) 953-8926</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>17N</u> Rng <u>1E</u> Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>Sidon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-5-05</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>63</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-5-05</u> Static Water Level (A): <u>Above</u> Feet Below Land Surface Pumping Water Level (B): <u>21</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface Test Pumping Rate: <u>18</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>8</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>5</u> feet Well yielded <u>18</u> GPM with a drawdown of <u>24</u> feet after <u>8</u> hours of pumping

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

CBS Drilling 0-554
 Print Name of Pump Installer and License No. (if applicable)

Calm Sullivan
 Signature of Pump Installer