

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-30
L. S. Elevation: _____
E-log #: _____

County: Claiborne
Permit #: _____
Driller: Brian McClendon
Date drilling completed: 8-13-04

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>Paul Billingsley</u>	Latitude: <u>31° 50' 51"</u> Longitude: <u>90° 43' 40"</u>
Mailing Address: <u>12089 Barland Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>50 31 43 38</u>
<u>Dalton MS 39144</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 17 Twn 10N Rng SE</u>
Telephone No. <u>(601) 906-7403</u>	Distance Direction Nearest Town
	<u>5 Miles NW of Barlow</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>hunting camp</u>	
Date well drilling started: <u>8/30/04</u>	Date well drilling completed: <u>8/30/04</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>72</u> feet above or below (circle one) land surface	Date measured: <u>8/30/04</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>146</u> Well depth: <u>142</u>	Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>132</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>.010</u> inches	Setting depth: From <u>132</u> feet to <u>142</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.

Green Water Well & Supply

Brian McClendon 664

Print Name of Water Well Contractor and License No.

Brian McClendon

Signature of Water Well Contractor

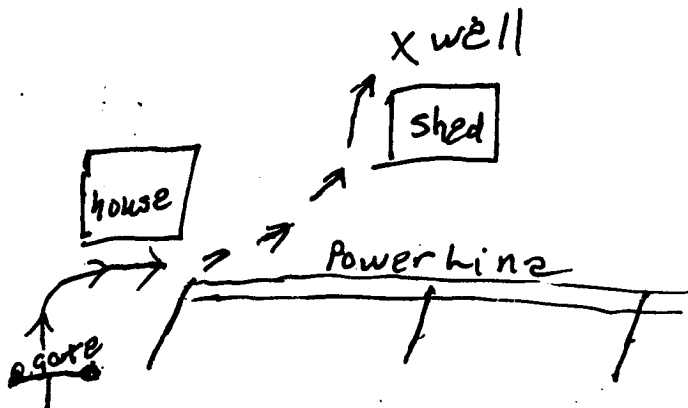
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BY OLWR

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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.



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BY: OLWA

Landowner Name:

Landowner Name: Paul Billingsley

Brian M. Clandon
Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____

Well #: Φ-30

Elevation: _____

County: Claiborne
Permit #: _____
Driller: Brian McClendon
Date completed: 9/9/04

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

Owner Name: Paul Billingsley
Mailing Address: 12089 Barland Rd
Pattison MS 39144
City State Zip Code
Telephone No. (601) 906-7403

Well Location

Latitude: N 31° 50.511 Longitude: 90° 43.640
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
NW ¼ SW ¼ Sec 7 Twn 10N Rng 5E
Distance Direction Nearest Town
5 Miles NW of Barlow

Pump Type Circle one

Air Lift Jet (Submersible)
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 9/9/04
Rated Pump Capacity: 16 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
(Electric Motor) Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: 110 feet
Number of Stages: 10

Pump Test Data

Date Well Tested: 9/9/04
Static Water Level (A): 72 Feet Below Land Surface
Pumping Water Level (B): 86 Feet Below Land Surface
Drawdown [(B) - (A)]: 14 Feet Below Land Surface
Test Pumping Rate: 18 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line (Electric Measuring Line) Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 18 GPM with a drawdown of
14 feet after 4 hours of pumping

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

Brian McClendon 664
Print Name of Pump Installer and License No. (if applicable)

Brian McClendon
Signature of Pump Installer