

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 #: A-141
L. S. Elevation: _____
E-log #: _____

County: Clarke
Permit #: _____
Driller: David West
Date drilling completed: 9-27-07

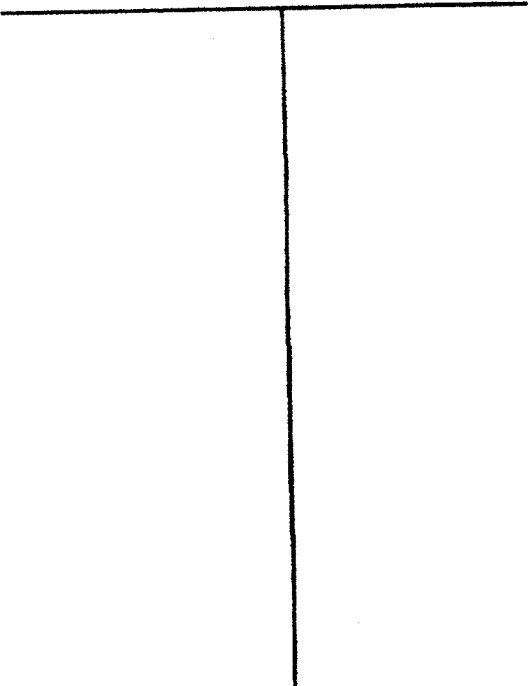
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Kelwood Products Inc.</u>	Latitude: <u>32° 10' 00"</u> Longitude: <u>88° 51' 00"</u>
Mailing Address: <u>P.O. Box 1079</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Waynesboro MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec. 22 Twn 4N Rng 14E</u>
Telephone No. <u>(601) 659-7027</u>	Distance <u>1.5</u> Miles Direction <u>W</u> of Nearest Town <u>Enterprise</u>
Well Data	
Purpose of Well (circle one) Home <input type="radio"/> <u>Industrial</u> <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____	
Date well drilling started: <u>9-20-07</u> Date well drilling completed: <u>9-27-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>61</u> feet above or <u>below</u> (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape <input type="radio"/> <u>electric tape</u> <input type="radio"/> air line <input type="radio"/> other: _____	
Hole depth: <u>296</u> Well depth: <u>296</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> <input type="radio"/> Bentonite <input type="radio"/> Mix <input type="radio"/>	
Casing length: <u>276</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Pvc</u>	
Screen length: <u>20</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>296</u> feet to <u>276</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> <u>Natural Development</u> <input type="radio"/>	
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> <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.	
<u>David A. West 0-672</u>	<u>David A. West</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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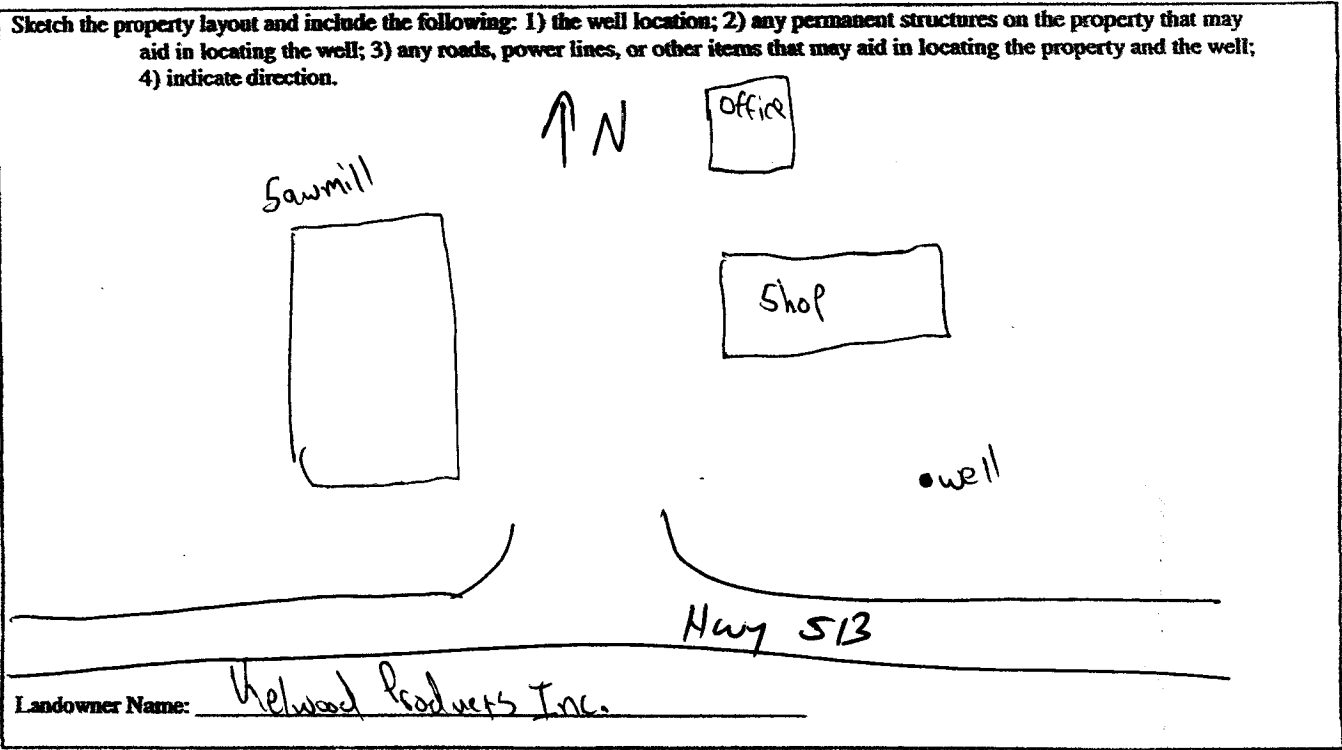
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Sand	0	43
Clay	43	87
Rock and Clay streaks	87	96
Rock	96	98
Rock and Clay streaks	98	160
Clay	160	165
Rock	165	172
Rock and Clay	172	181
Clay	181	184
Rock	184	187
Clay	187	203
Rock and Clay	203	260
Rock	260	265
Sand	265	296

If more than one screen, show location of each on sketch



David A. Wood
 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 #: A-141

Elevation: _____

County: Clarke
 Permit #: _____
 Driller: David West
 Date completed: 9-27-07

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>Helwood Products Inc.</u>	Latitude: <u>32°10'</u> Longitude: <u>88°51'</u>
Mailing Address: <u>P.O. Box 1079</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>Waynesboro MS 39367</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 22 Twn 4N Rng 14E</u>
Telephone No. <u>(601) 659-7027</u>	Distance Direction Nearest Town
	<u>1.5 Miles W of Enterprise</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>10-1-07</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

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

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

David A. West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David A. West
 Signature of Pump Installer

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