

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-45
L. S. Elevation: _____
E-log #: _____

County: Clarke
Permit #: _____
Driller: David West
Date drilling completed: 9-19-07

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>Ruby Winters</u>	Latitude: <u>32° 01' 00"</u> Longitude: <u>88° 36' 00"</u>
Mailing Address: <u>3396 C.R. 670</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Quitman</u> MS <u>39355</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4</u> Sec. <u>7</u> Twn <u>2N</u> Rng <u>17E</u>
Telephone No. <u>(601) 776-6579</u>	Distance Direction Nearest Town <u>8</u> Miles <u>E</u> of <u>Quitman</u>

Well Data

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

Date well drilling started: 9-19-07 Date well drilling completed: 9-19-07

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

Static Water Level: 81 feet above or below (circle one) land surface Date measured: 9-19-07

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

Hole depth: 220' Well depth: 220' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 200 feet to 220 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.

David A. West 0672
Print Name of Water Well Contractor and License No.

David West
Signature of Water Well Contractor

RECEIVED
OCT 15 2007
BY: OLWR

If well telescopes please sketch below and show depths.

Q-45

Ground Level

Description of Formations Encountered	From	To
Sand	0	30
HardClay	30	110
Rock	110	121
HardClay	121	124
Rock	124	125
HardClay	125	131
Rock	131	132
HardClay	132	132
Rock Rock	132	140
HardClay	140	150
Sandy Clay	150	156
Clay	156	170
Sand	170	220

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.

well

Driveway

Home

Fence

COUNTY Rd 620

Landowner Name: Ruby Wintess

Dan A. Lee
 Signature of Water Well Contractor

RECEIVED
 OCT 15 2007
 BY: OLWR

24-8

DATE	DESCRIPTION	AMOUNT	BALANCE
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

RECEIVED
 JUN 12 2004
 BY OLIVER

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 #: Q-45

Elevation: _____

County: Clashe
 Permit #: _____
 Driller: David West
 Date completed: 9-19-07

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>Rubynintess</u>	Latitude: <u>32° 01'</u> Longitude: <u>88° 36'</u>
Mailing Address: <u>3396 C.R. 670</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Quitman</u> MS <u>39355</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 7 Twn 2N Rng 17E</u>
Telephone No. <u>(601) 776-6579</u>	Distance Direction Nearest Town <u>8 Miles E of Quitman</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>9-20-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
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 West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David West
 Signature of Pump Installer

RECEIVED
 OCT 15 2007
 BY: OLWR