

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 #: J-149
L. S. Elevation: _____
E-log #: _____

County: Clay 025
Permit #: _____
Driller: Clardy
Date drilling completed: 2/23/05

Clardy Well Drilling

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>David Stovens</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>70 Doris St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>8E</u>
<u>Caledonia, MS 39740</u> City State Zip Code	<u>N 1/4 W 1/4 Sec 6 Twn 17S Rng 18E</u>
Telephone No. <u>(662) 549-2815</u>	Distance <u>1</u> Miles <u>East</u> Direction of <u>W Point</u> Nearest Town

Well Data

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

Date well drilling started: 2/21/05 Date well drilling completed: 2/23/05

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

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 2/23/05

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

Hole depth: 142 Well depth: 142 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 102 feet to 142 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: 5 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): _____

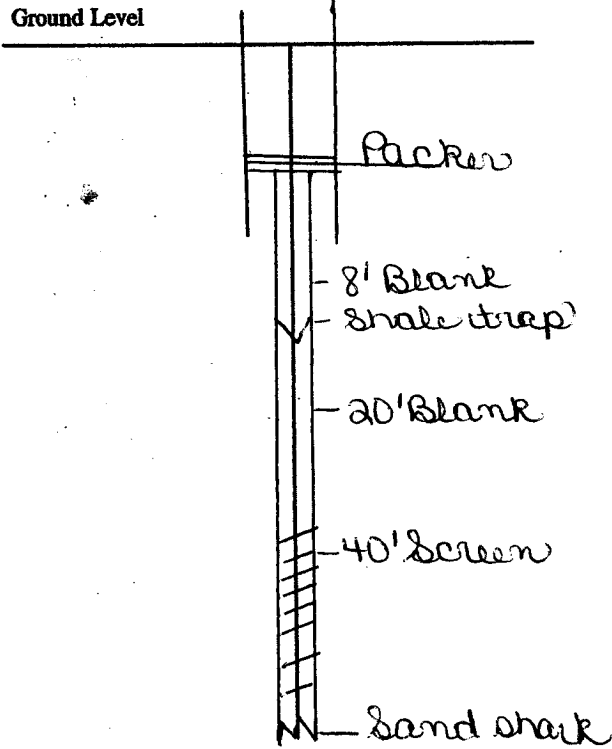
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Donald B. Clardy 0-496 Donald B. Clardy
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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J-149

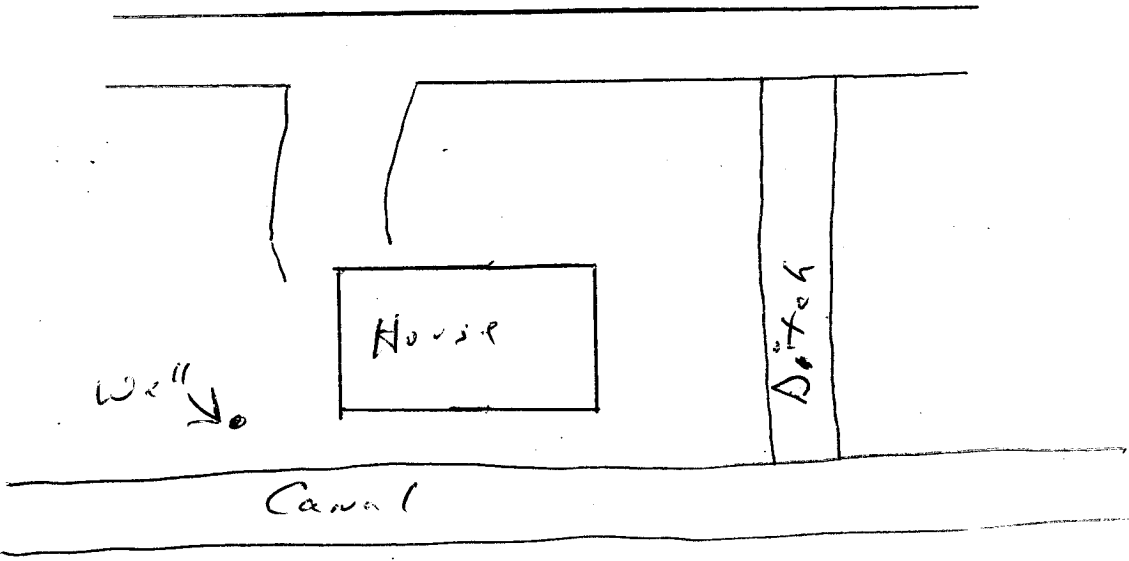
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Sand + gravel	0	24
Sandy blue clay	24	50
Blue clay	50	82
Sandy clay	82	100
Rocky	100	106
Clay	106	108
Rocky	108	112
Clay	112	119
Fine sand	119	140

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.



Landowner Name: _____

Paul Smith
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)

County: Clay
Permit #: _____
Driller: Clardy Well
Date completed: 2/23/05

For Office Use Only:
Aquifer: _____
Well #: J-149
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>David Stovemo</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>70 Dorie St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Caledonia, MS 39740</u>	<u>N</u> ¼ <u>W</u> ¼ Sec <u>6</u> Twn <u>17S</u> Rng <u>18E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 549-2815</u>	<u>7</u> Miles <u>East</u> of <u>W. Point</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>2/23/05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/23/05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>18</u> 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.

Donald B. Clardy 0-496
Print Name of Pump Installer and License No. (if applicable)

Donald B. Clardy
Signature of Pump Installer

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BY: OLWR