

GW41288

County: Coahoma
 Permit #: 0368
 Driller: Joel Jumper
 Date drilling completed: 6/26/06

State Well Report

Part 1 - Driller's Log

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 #: C-125
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Bart Christine</u></p> <p>Mailing Address: <u>P.O. Box 11</u> <u>Helena AR 72342</u> <small>City State Zip Code</small></p> <p>Telephone No. <u>(501) 338-8499</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 24' 57"</u> Longitude: <u>90° 30' 30"</u></p> <p>Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> 34 <input type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS</p> <p><u>SE</u> ¼ <u>SE</u> ¼ Sec <u>4</u> Twn <u>29N</u> Rng <u>36W</u></p> <p>Distance <u>5</u> Miles Direction <u>South</u> of Nearest Town <u>Lula</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>6/26/06</u> Date drilling completed: <u>6/26/06</u> Hole depth: <u>120'</u> Hole diameter: <u>24"</u></p> <p>Location of the source of any surface water used for drilling: <u>Supply well</u></p> <p>Method of dosing and volume of Chlorine used in drilling and development: _____</p> <p>Logs run (circle all applicable): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron Other: _____</p> <p>Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____</p> <p><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: _____</p> <p>Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____</p> <p>Well depth: <u>120</u> Well grouted to a depth of <u>40</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/></p> <p>Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u></p> <p>Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u></p> <p>Screen slot size: <u>50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet</p> <p>Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development</p> <p>Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

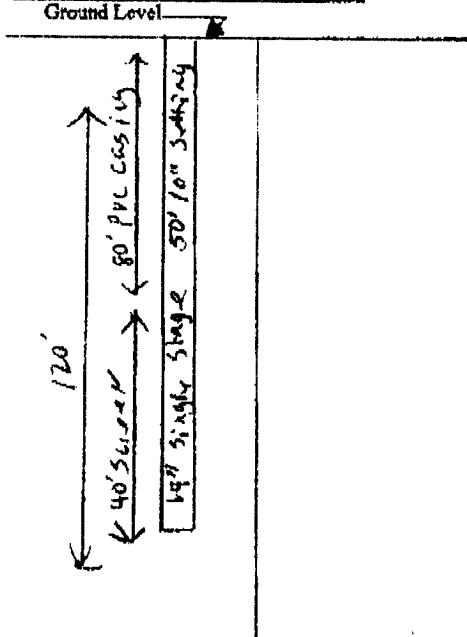
Form: OLWR-SWR-1A

RECEIVED
 AUG 07 2006
 BY: OLWR

C-125

The sketch below only required for water wells

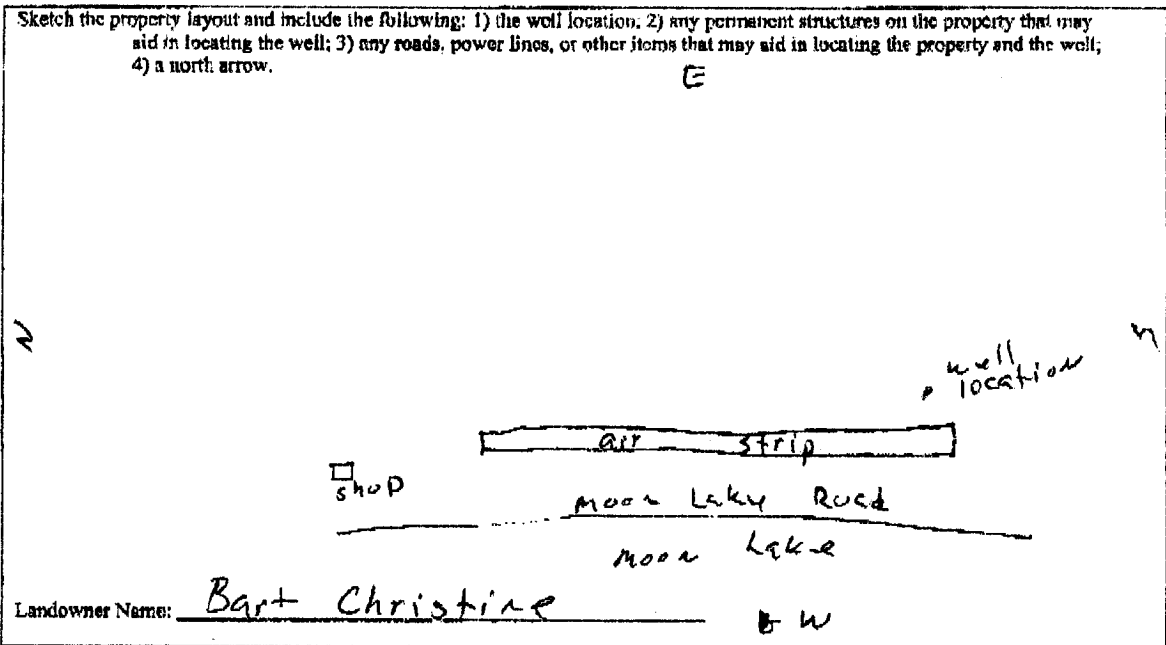
If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
CLAY	0	35
FINE SAND	35	40
COARSE SAND	40	120

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



Form: OLWR-SWR-1A

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

Print Name of Responsible Licensee and License No. Joel Jumper 0868 Date 7-11-06

Signature of Licensee Joel Jumper

RECEIVED
AUG 07 2006
BY: OLWR

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: Coshoma
 Permit #: 0368
 Driller: Joel Jumper
 Date completed: 6/26/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-125
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Bart Christine</u>	Latitude: <u>34.24579</u> Longitude: <u>090.30320</u>
Mailing Address: <u>P.O. Box 11</u>	Method of Lat/Long (check one): Conventional Survey _____, ³⁴ ¹⁹
<u>Helena AR 72342</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> T <u>24N</u> R <u>3W</u>
Telephone No. (<u>870</u>) <u>338-8499</u>	Distance Direction Nearest Town <u>5</u> Miles <u>south</u> of <u>Lula</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
<u>Centrifugal</u> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6/26/06</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>3500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/26/06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>3500</u> 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.

Joel Jumper 0368 Joel Jumper
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLE-571-1
RECEIVED
 AUG 07 2006
 BY: OLWR