County: Coako MA
Permit #:
Driller: RATIIFF WATERWELL
Date drilling completed: 9-29-06

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 #: 6 - 46
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

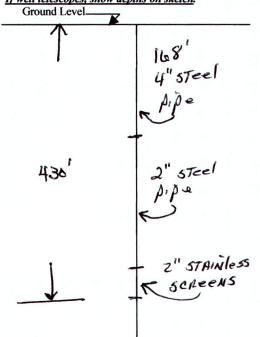
Department at the above address within 30 days of comp	oletion of drilling of the well or borehole.	
Information on Well Owner	Well or Borehole Location	
(Landowner if borehole is not for a water well)		
Owner Name Bill DINKINS	Latitude:°" Longitude:°"	
Mailing Address: 379 & Peace	Method of Lat/Long (circle one): Conventional Survey,	
C	USGS quad, Hand-held GPS, Survey-grade GPS	
CA. 115 39011		
CANTON US, 39046 City State Zip Code	Distance Direction Nearest Town 5 Miles 5 W of REMALARA	
Telephone No. (60) 859-2534	S Miles SW of KENA LAKA	
Well / Bore	hole Data	
Date drilling started: 9-26-06 Date drilling completed: 9-29-6	16 Hole depth: 430 Hole diameter: 7/2"	
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and devel	opment:	
Logs run (circle all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: Name of organization running log(s):		
Purpose of borehole (check one): Water Well ** Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other (describe) If drilling is not related to water well construction, skip the remainder of this block		
Purpose of Well (check one): Home 1 Industrial Public Supply		
If a flowing well, method of flow regulation: Valve O	ther (describe)	
Static Water Level: 55 feet above of below (circle one) land surface Date measured: 9-29-06		
Method of Measurement (circle one) steel tape electric tape air line other:		
Well depth: 430 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix		
Casing length: 420 feet Casing diameter: 4 x 2 inches Type of casing: 57ee/		
Screen length: 10 feet Screen diameter: 2 inches Type of screen: 5TAINIESS		
Screen slot size: 1010 inches Setting depth: From 420 feet to 430 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: 168 feet. If telescoped or more than one screen, describe on next page		

Form: OLWR-SWR-1A

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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)
CIAV	Ground Level	50
SANDA GRAVES CIAY + SAND STREAKS	50	130
CIAY & SAND STREAKS	130	350
SAND	350	430
		T
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	 	1
	 	
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	1	

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 an	d the well;
4) a north arrow.	
/ / Levee, 1	
Levee Road	
/ Missi	
River 14 (Le	1 1
(D.10A) (10 //	1116
() KNEE / //	MO,
River Desofaltile	45. Hwy
/ (Next //	1
De Nell	1
// .ben //	1,)
	<
MOIAN-TOMPER DEAD	
//	
Landowner Name: Bill Diarkins	

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

Robert E. RAFIIFF 0-002 9-29-06

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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STATE WELL REPORT

County: CoAhou A Permit #: Driller: RAH; FF WASex Well Date completed: 9-29-6 Copy information from block on Part 1 This part of the report must be complete report must be attached and both parts f Well Owner Inform Owner Name: BILL DINKINS

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

For Office Use Only:		
Aquifer:		
Well #:	6-46	
Elevation:	· · · · · · · · · · · · · · · · · · ·	

Copy information from block on Part 1	(601)354-6938 (fax) Elevation:		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 Informat			Well Location	
Owner Name: Bill Dinkins		Latitude:	Longitude:	
Mailing Address: 379 & Per	Ace	Method of Lat/Long (ch	neck one): Conventiona	l Survey,
		USGS quad , Han	d-held GPS, Survey	-grade GPS
Carton 115. City State	39046	¼¼ Se		
City State	Zip Code	Distance Direc	tion Nearest Tov	'n
Telephone No. (601) 859- 25	5 34	<u>S</u> Miles SW	of Reast LA	RA
Pump Type Circle one			Power Type Circle one	
Chece one			CHOIC OHC	
Air Lift Jet	Submersible	Diesel Engine (Gasoline Engine	Natural Gas
Bucket Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):		Horse Power Rating of	Motor:	
Date Pump Installed:		Setting Depth:		feet
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		-
Pump Test Data		Method	of Measuring Water L	evel
Date Well Tested:			Circle one	
Static Water Level (A):Feet	Below Land Surface		ic Measuring Line	Steel Tape
Pumping Water Level (B):Feet l	Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]:Feet	Below Land Surface	For flowing well, measu	ured shut in head:	feet
Test Pumping Rate:	Gallons Per Minute	Well yielded	GPM with a di	awdown of
Duration of Pump Test (minimum 4 hours):hoursfeet afterhours of pumping		ars of pumping		
	,	<u> </u>		
I HEREBY CERTIFY that the above statem	ents are true to the best o	f my knowledge.		

I HEREBY CERTIFY that the above statements are true to the be	st of my kppyledge.
Robert E. RAFLIFF 0-002	Robert L. Kattaff
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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OCT 1 3 2006

BY: OLWR