

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-97
L. S. Elevation:
E-log #:

County: Coahoma
Permit #: 41257
Driller: Pete's Well Drilling
Date drilling completed: 8-3-06

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 and Well Location section containing fields for Owner Name (S. Gerald Lively), Mailing Address (5073 Willis Rd, Twiler, MS 38963), Telephone No., Latitude (34.00470), Longitude (90.29830), Method of Lat/Long (Conventional Survey), USGS quad (NE 1/4 SW 1/4 Sec 27 Twn 25N Rng 03W), Distance (2.4 Miles), Direction (NW), and Nearest Town (Rome).

Well Data section containing fields for Purpose of Well (Irrigation), Date well drilling started/completed (8-3-06), Static Water Level (30 feet above), Method of Measurement (steel tape), Hole depth (100 feet), Well depth (100 feet), Well grouted to a depth of (10 feet), Type of grout (Bentonite), Casing length (60 feet), Casing diameter (16 inches), Type of casing (PVC), Screen length (40 feet), Screen diameter (16 inches), Type of screen (PVC), Screen slot size (.050 inches), Setting depth (60 feet), Type of completion (Gravel packed), and Top of lap pipe or reduction in casing.

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.

Pete's Well Drilling + Pump Repair
Print Name of Water Well Contractor and License No. 0430
Signature of Water Well Contractor: Pete Lively

41257

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For Office Use Only:

Aquifer: _____
Well #: Q-97
L. S. Elevation: _____
E-log #: _____

County: Cochona
Permit #: GW 41257
Driller: Petes Well Drilling
Date drilling completed: 8-3-06

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>Chris Lively</u>	Latitude: <u>34° 00' 47.0"</u>	Longitude: <u>90° 29' 50.0"</u>	
Mailing Address: <u>RT 1 Box 57A</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>TUTWILER MS 38963</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS		
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 27 Twn 25 Rng 3W</u>		
Telephone No. () _____	Distance: <u>2 1/4</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Rome</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>8-3-06</u>		Date well drilling completed: <u>8-3-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>30'</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>8-3-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>100'</u>	Well depth: <u>100'</u>	Well grouted to a depth of <u>10'</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>60'</u> feet	Casing diameter: <u>16"</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40'</u> feet	Screen diameter: <u>16"</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>60'</u> feet to <u>100'</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.			
<u>Petes Well Drilling + Pump Repair</u>		<u>Pete Sappugster</u>	
Print Name of Water Well Contractor and License No. <u>0430</u>		Signature of Water Well Contractor	

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SEP 11 2006

BY: OLWR

Job # 452

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: Cook
 Permit # 6W41257
 Driller: PETE SAPPINGTON
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Φ-97
 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>Chris Lively</u>	Latitude: <u>34 00 470</u> Longitude: <u>90 29 830</u>
Mailing Address: <u>Rt 1 Box 57A</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>28</u> USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____ <u>50</u>
<u>Tutwiler MS 38963</u>	USGS quad _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>27 T 25 R 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 624-8668</u>	<u>2 1/4</u> Miles <u>NW</u> of <u>ROME</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
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>8-17-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>two</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID P. HOLT 0-752P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR