

*Cornington*

*NA*

# 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 #:	<u>B-44 381</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>SIMPSON</u>
Permit #:	<u>NA</u>
Driller:	<u>A-1 DRILLING SERV</u>
Date drilling completed:	<u>8-30-04</u>

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>RICKY FONDER</u>		Latitude:	_____ " Longitude: _____ "	
Mailing Address:	<u>58 WATER WELL RD, MT. OLIVE, MS 39119</u>		Method of Lat/Long (circle one):	<u>NA</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	USGS quad:	<u>SE 1/4 SE 1/4 Sec 30 Twn 9N Rng 16W</u>	
Telephone No. (601)	<u>797-3207</u>		Distance	Direction	Nearest Town
			<u>3</u> Miles	<u>S</u>	of <u>MT. OLIVE</u>

Well Data							
Purpose of Well (circle one)	Home	<u>Industrial</u>	Public Supply	Irrigation	Fish Culture	Other: _____	
Date well drilling started:	<u>8-17-04</u>		Date well drilling completed:	<u>8-27-04</u>			
If flowing, method of flow regulation:	Valve	<u>NA</u>	Other (describe) _____				
Static Water Level:	<u>40</u>	feet above or <u>below</u> (circle one) land surface	Date measured:	<u>8-20-04</u>			
Method of Measurement (circle one)	steel tape	<u>electric tape</u>	air line	other: _____			
Hole depth:	<u>149</u>	Well depth:	<u>149</u>	Well grouted to a depth of	<u>50</u> feet		
Type of grout (circle one):	<u>Cement</u>	<u>Bentonite</u>	Mix				
Casing length:	<u>129</u> feet	Casing diameter:	<u>4</u> inches	Type of casing:	<u>PVC</u>		
Screen length:	<u>20</u> feet	Screen diameter:	<u>4</u> inches	Type of screen:	<u>PVC</u>		
Screen slot size:	<u>.006</u> inches	Setting depth: From	<u>128</u> feet to	<u>148</u> feet			
Type of completion (circle all applicable):	Gravel packed	Underreamed	Telescoped	Open hole	<u>Natural Development</u>		
Other (describe): _____							
Top of lap pipe or reduction in casing:	<u>NA</u> 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):	<u>NA</u>						

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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.

A-1 DRILLING SERV, INC 0410  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

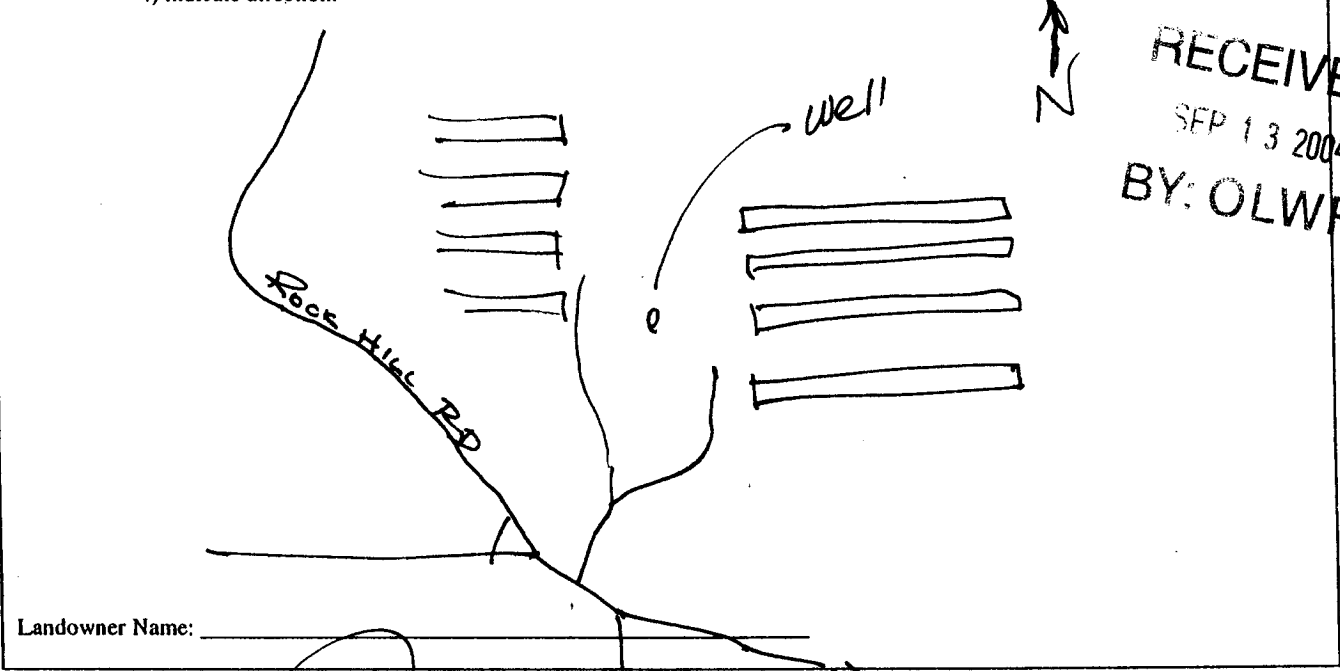
Ground Level

B-44

Description of Formations Encountered	From	To
Red sandy clay	0	24
clay, tan	24	69
Sand	69	102
clay, sandy	102	121
Sand	121	147
clay, sandy	147	149

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.



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*[Handwritten Signature]*  
 Signature of Water Well Contractor

to US 49

COVINGTON <sup>PER NANCY</sup> 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 #: B-44  
 Elevation: \_\_\_\_\_

County: SIMPSON  
 Permit #: NA  
 Driller: A-I DRILLING SERV  
 Date completed: 8-30-04

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>RICKY PONDER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>58 WATER WELL RD</u> <u>MT. OLIVE, MS 39119</u>	Method of Lat/Long (circle one): <u>N/A</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4 Sec 30 Twn 9N Rng 16W</u>
Telephone No. ( <u>601</u> ) <u>797-3207</u>	Distance _____ Direction _____ Nearest Town _____
	<u>± 3</u> Miles <u>S</u> of <u>MT. OLIVE</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>3</u>
Date Pump Installed: <u>8-30-04</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NA</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> GPM with a drawdown of
Test Pumping Rate: <u>NA</u> Gallons Per Minute	<u>NA</u> feet after <u>NA</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>NA</u> hours	

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

A-I DRILLING SERV 0410  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer