

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 #: C-54
L. S. Elevation: _____
E-log #: _____

County: Covington
Permit #: _____
Driller: Ray V. West Drilling
Date drilling completed: 2-26-07

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>Steven Tannehill</u>	Latitude: <u>31.43</u> " Longitude: <u>89.30</u> "
Mailing Address: <u>P.O. Box 1959</u>	Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Collins</u> MS <u>39428</u>	<u>NE 1/4 NW 1/4 Sec 34</u> Twn <u>9N</u> Rng <u>15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 765-2276</u>	<u>6</u> Miles <u>NE</u> of <u>Collins</u>

Well Data

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

Date well drilling started: 2-26-07 Date well drilling completed: 2-26-07

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

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 2-26-07

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

Hole depth: 78 Well depth: 78 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .010 inches Setting depth: From 68 feet to 78 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: _____ 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.

David A. West 0-672
Print Name of Water Well Contractor and License No.

David A. West
Signature of Water Well Contractor

RECEIVED
MAR 26 2007
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: Covington
Permit #: _____
Driller: Doyle West Drilling
Date completed: 2-26-07

For Office Use Only:
Aquifer: _____
Well #: C-54
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>Steven Tannahill</u>	Latitude: <u>31°43'</u> Longitude: <u>89°30'</u>
Mailing Address: <u>P.O. Box 1959</u>	Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Collins</u> <u>MS</u> <u>39428</u>	<u>NE ¼ NW ¼ Sec 34 Twn 9N Rng 15W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 765-2276</u>	<u>6</u> Miles <u>NE</u> of <u>Collins</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: _____
Date Pump Installed: <u>2-26-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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.

David A. West 0-672
Print Name of Pump Installer and License No. (if applicable)

David A. West
Signature of Pump Installer

RECEIVED
MAR 26 2007
BY: OLWR

If well telescopes please sketch below and show depths.

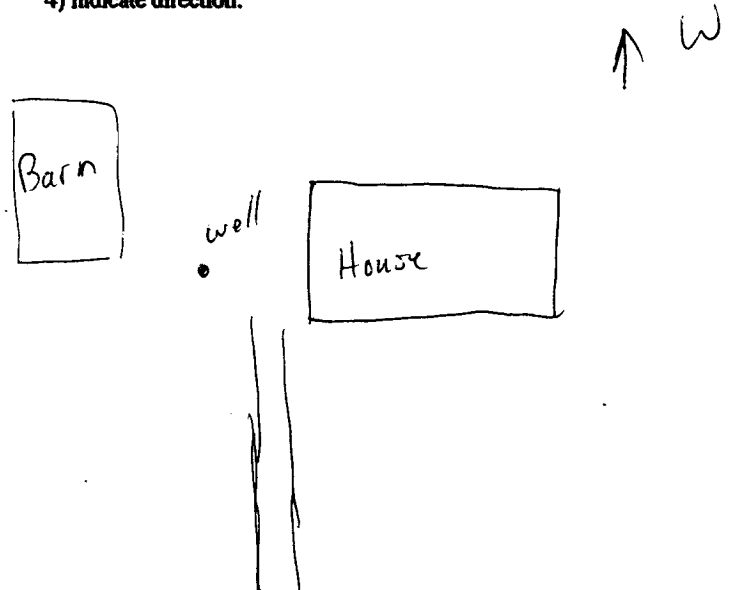
C-54

Ground Level

Description of Formations Encountered	From	To
Topsoil	0	1
CLAY	1	23
SAND + GRAVEL	23	78

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.



The sketch shows a rectangular area representing a property. On the left side, there is a box labeled "Barn". On the right side, there is a larger box labeled "House". In the center-left area, there is a small dot labeled "well". A vertical line extends downwards from the well, representing the well shaft. At the top center, there is an arrow pointing upwards with the letter "W" next to it, indicating North.

Landowner Name: Steven Tannehill

David H. Wood
Signature of Water Well Contractor

RECEIVED
MAR 26 2007
BY: OLWR