

State Well Report

Part I

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: M99
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Leflore
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date drilling completed: 6-22-12

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>Richard Woolwine</u>	Latitude: <u>N 31° 30' 01.9"</u> Longitude: <u>W 89° 29' 28.6"</u>
Mailing Address: <u>51 Union Church Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Seminary</u> MS <u>39479</u>	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec. <u>10</u> ✓ Twn <u>6N</u> ✓ Rng <u>15W</u>
City State Zip Code	SW NE
Telephone No. <u>(601) 722-4223</u>	Distance Direction Nearest Town
	<u>1.4</u> Miles <u>5</u> of <u>Seminary</u>

Well Data

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

Date well drilling started: 6-19-12 Date well drilling completed: 6-22-12

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

Static Water Level: 81' feet above or below (circle one) land surface Date measured: 6-21-12

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

Hole depth: 160 Well depth: 115 Well grouted to a depth of 21 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 105' feet to 115' 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.

Mike Baughman 587
 Print Name of Water Well Contractor and License No.

Mike Baughman
 Signature of Water Well Contractor

M99

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: A-1 Drilling Serv, Inc.
 Date completed: 6-22-12

For Office Use Only:
 Aquifer: _____
 Well #: M99
 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>Richard Washburne</u>	Latitude: <u>N 31° 30' 01.9"</u> Longitude: <u>N 09° 29' 33.6"</u>
Mailing Address: <u>51 Union Church Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Seminary Ms 39479</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 10 Twn 6N Rng 15W</u>
Telephone No. <u>(601) 722-4223</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>6-22-12</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tap
Static Water Level (A): <u>81</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
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

Mike Bushman 587 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer