

### 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)354-8938 (fax)~~  
601-360-0555

For Office Use Only:

Aquifer: B 20  
Well #: \_\_\_\_\_  
I. S. Elevation: \_\_\_\_\_  
E log #: \_\_\_\_\_

County: Green  
Permit #: \_\_\_\_\_  
Driller: Cain  
Date drilling completed: 3-17-2010

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 Strickland</u>	Latitude: <u>31.23.18</u> Longitude: <u>88.41.14</u>
Mailing Address: <u>30154 Hwy 42</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Richard</u> <u>MS</u> <u>39476</u> City State Zip Code	<u>MW 1/4 NW 1/4</u> Sec <u>22</u> Twn <u>5N</u> Rng <u>7W</u>
Telephone No. <u>(601) 989 2128</u>	Distance <u>5</u> Miles <u>East</u> of <u>Small Hill MS</u>

**Well Data**

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

Date well drilling started: 3- -2010 Date well drilling completed: 3-17-2010

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

Static Water Level: 15' feet above or below (circle one) land surface Date measure: 3-17-2010

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

Hole depth: 49' Well depth: 49' Well grouted to a depth of 10' feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 39 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: #10 inches Setting depth: From 39 feet to 49 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: \_\_\_\_\_

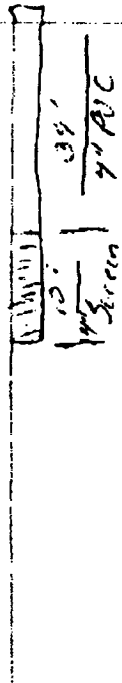
Name of organization running log(s): \_\_\_\_\_  
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Ms Water Well Drilling #0-374 Nelson Cain  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well tele-copes please sketch below and show depths.

B 20

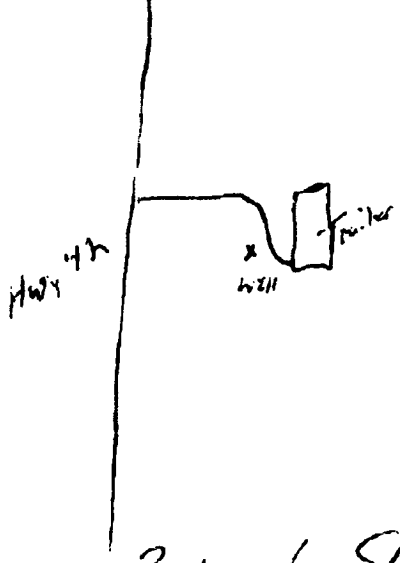
Ground Level



Description of Formations Encountered	From	To
Top Soil Clay	0	10
Sand & Clay Strucks	10	25
Sand	25	45

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) North direction.



Landowner Name Richard Stricklen

Nelson Cain  
Signature of Water Well Contractor

*His Own Pump*

**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: Green  
 Permit #: \_\_\_\_\_  
 Driller: Cain  
 Date completed: 3-17-2010

For Office Use Only  
 Aquifer: B20  
 Well #: \_\_\_\_\_  
 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 Stricklan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>30154 Hwy 42</u> <del>Richton</del>	Method of Lat/Long (circle one) Conventional Survey
<u>Richton MS 39476</u>	USCS quad, Four-field GPS, Survey-grade GPS
City State Zip Code	<u>N 1/4 W 1/4 Sec 22 Twn 5/W Rng 7/W</u>
Telephone No.: <u>(601) 489-3138</u>	Distance Direction Nearest Town
	<u>5 Miles East of Sand Hill MS</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>1</u>
Date Pump Installed: <u>3-17-2010</u>	Setting Depth: <u>45</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level (Circle one)
Date Well Tested: <u>3-17-2010</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>15</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Ms Water Well Drilling #0-374 Print Name of Pump Installer and License No. (if applicable)

Nelson Cain Signature of Pump Installer