

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)

County: Greene
Permit #:
Driller: Stephen Havard
Date drilling completed: 9-14-05

For Office Use Only:

Aquifer:
Well #: D-17C-26
L. S. Elevation:
E-log #:

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>Ronnie Melain</u>	Latitude: <u>31° 22' 08"</u> Longitude: <u>88° 33' 28"</u>
Mailing Address: <u>314 Homer Melain</u>	Method of Lat/Long (circle one): <u>02</u> Conventional Survey, <u>17</u>
<u>State Line MS 39362</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4</u> Sec <u>25</u> Twn <u>T5N</u> Rng <u>R5E</u>
Telephone No. (<u>601</u>) <u>848-7478</u>	Distance Direction Nearest Town
	Miles of <u>26</u> <u>6W</u>

Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other:	
Date well drilling started: <u>9-13-05</u> Date well drilling completed: <u>9-14-05</u>	
If flowing, method of flow regulation: Valve Other (describe):	
Static Water Level: <u>+15</u> feet <u>above</u> or below (circle one) land surface Date measured:	
Method of Measurement (circle one) steel tape electric tape air line other:	
Hole depth: <u>173 ft</u> Well depth: <u>173 ft</u> Well grouted to a depth of <u>40</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>163</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC 540</u>	
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>.006 WOP PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>163</u> feet to <u>173</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>Michael S. Havard 0-693</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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~~D-17~~
C-26

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Topsoil	0	5
Sand (med)	5	24
Sand (med-coarse)	24	36
Clay	36	52
Silt	52	68
Sand (fine)	68	75
Clay	75	118
Sand (med)	118	138
Clay	138	143
Sand (fine-med)	143	158
Sand (med)	158	165
Sand (coarse)	165	168
Sand (med-coarse)	168	173

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.



Landowner Name: Ronnie McLain


Signature of Water Well Contractor

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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: Greene
Permit #: _____
Driller: Stephen Harvard
Date completed: 9-14-05

For Office Use Only:
Aquifer: _____
Well #: D-17-C-26
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>Ronnie McLain</u>	Latitude: <u>31:22.032</u> Longitude: <u>W88:33.283</u>
Mailing Address: <u>314 Homer McLain Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>State Line MS 39562</u>	<u>1/4 1/4 Sec 25 Twn 75N Rng R5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>848-7478</u>	<u>9</u> Miles <u>N</u> of <u>Leaksville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>0</u>
Date Pump Installed: <u>no pump</u>	Setting Depth: <u>0</u> feet
Rated Pump Capacity: <u>23</u> Gallons Per Minute	Number of Stages: <u>0</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>+ 15</u> Feet Below Land Surface	Other (specify): <u>measured at ground level</u>
Pumping Water Level (B): <u>0</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>15</u> feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>23</u> GPM with a drawdown of
Test Pumping Rate: <u>23</u> Gallons Per Minute	<u>15</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Michael S. Harvard
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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