

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 #: K-43
L. S. Elevation: _____
E-log #: _____

County: Greene
Permit #: _____
Driller: Heath G. Williams
Date drilling completed: 12/18/07

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>Richard Fairley</u>	Latitude: <u>31° 14.56''</u> Longitude: <u>88° 42.56''</u>
Mailing Address: <u>781 Charles Brookland Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Leaksville Ms. 39451</u>	<input checked="" type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 5 Twn 3N Rng 7W</u>
Telephone No. (<u>601</u>) <u>770-0353</u>	Distance Direction Nearest Town <u>5</u> Miles <u>South West</u> of <u>Leaksville</u>

Well Data

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

Date well drilling started: 12-18-07 Date well drilling completed: 12-18-07

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

Static Water Level: 48' feet above or below (circle one) land surface Date measured: 12-18-07

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

Hole depth: 160' Well depth: 160' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 2'' inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 2'' inches Type of screen: pvc

Screen slot size: 0.010 inches Setting depth: From 150 feet to 100 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: Visual

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.

Heath G. Williams 0-790

Print Name of Water Well Contractor and License No.

Heath G. Williams

Signature of Water Well Contractor

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K-43

If well telescopes please sketch below and show depths.

Ground Level

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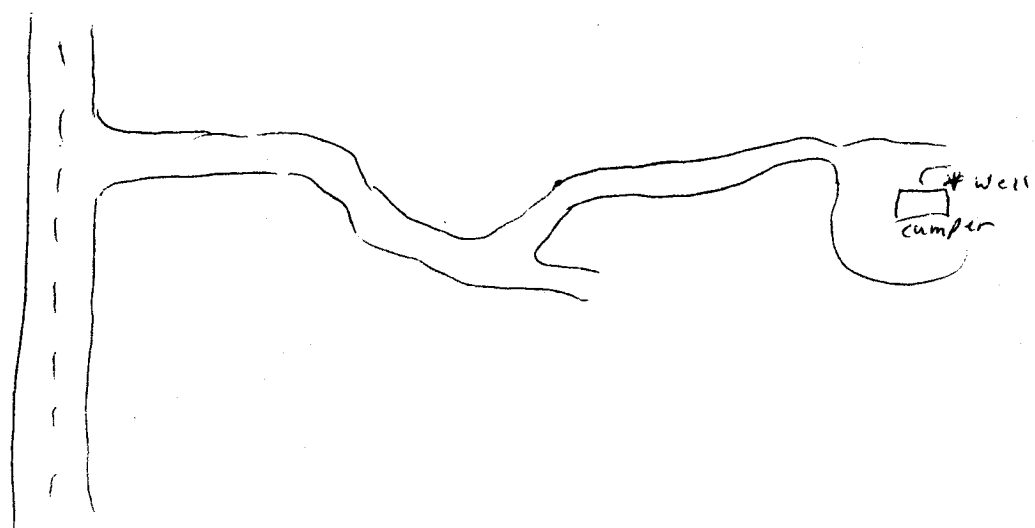
Description of Formations Encountered

From To

Red Cl Ss	0	30
Blue Cl	30	40
Blue Cl	40	65
Fine Blue Ss	65	70
Blue Cl	70	145
Blue SA	145	180

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: Richard Furley

[Signature]
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: Green
 Permit #: _____
 Driller: Heath S. Williams
 Date completed: 12/18/07

For Office Use Only:

Aquifer: _____
 Well #: K-43
 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 Fairley</u>	Latitude: <u>31°14'56"</u> Longitude: <u>88°42'56"</u>
Mailing Address: <u>281 Charles Breland Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Leaksville MS 39451</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 5 Twn 3N Rng 7W</u>
Telephone No. <u>(601) 220-0353</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Leaksville</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-18-07</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-18-07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>48</u> 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.

Heath S. Williams 0-790 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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