

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 #: F-455
 L. S. Elevation: _____
 E-log #: _____

County: Harrison
 Permit #: M+M well
 Driller: M+M well
 Date drilling completed: 7-4-04

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>Terry Mitchell</u>	Latitude: <u>30.31.406</u> Longitude: <u>89.13.447</u>
Mailing Address: <u>160250 McKay Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Sublot No 39503</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 18 Twn 65 Rng 12 W</u>
Telephone No. <u>228 832-7116</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>West</u> of <u>Ligon</u>

Well Data

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

Date well drilling started: July 2-04 Date well drilling completed: Aug 4, 04

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

Static Water Level: 78' feet above or below (circle one) land surface Date measured: Aug 4, 04

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

Hole depth: 365' Well depth: 365' Well grouted to a depth of 11' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 4X2 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 350-~~355~~ feet to 365 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: NONE

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.

GLEN MADDEN 0-563
 Print Name of Water Well Contractor and License No.

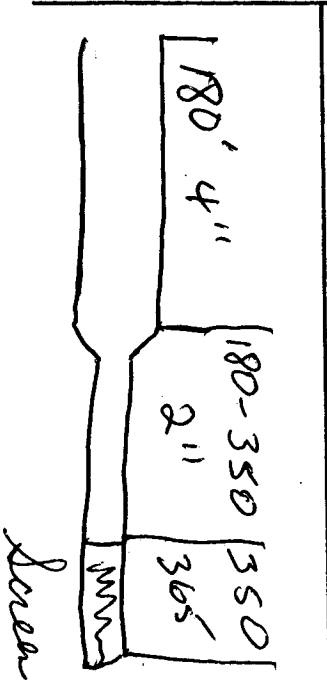
Glen Madden
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

F-455

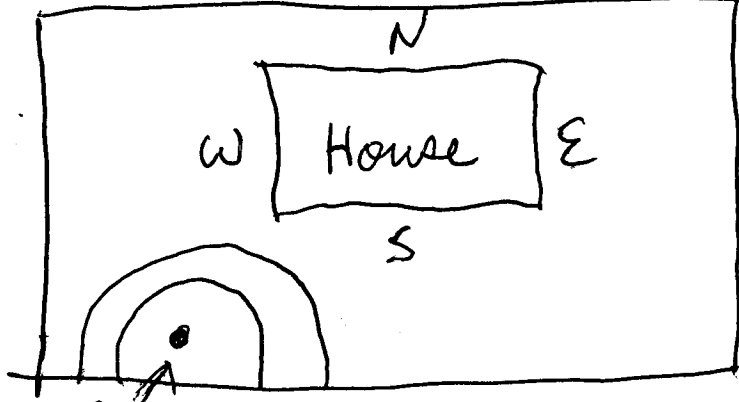
Ground Level



Description of Formations Encountered	From	To
Orange clay	0	30
white clay	30	65
gray clay	65	120
red sand	120	170
green clay	170	340
sand	340	365

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: Terry Mitchell

[Signature]
Signature of Water Well Contractor

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)

For Office Use Only:

Aquifer: _____

Well #: F-455

Elevation: _____

County: Harrison
 Permit #: _____
 Driller: M+M well
 Date completed: 8-504

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>Terry Mitchell</u>	Latitude: <u>30 31 40</u> Longitude: <u>89 13 44</u>
Mailing Address: <u>16205 McKay Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Myrtle Ms, 39532</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>228 832-7116</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>West</u> of <u>Lipava</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/>	Diesel Engine <input type="radio"/>
<input checked="" type="radio"/> Submersible	Gasoline Engine <input type="radio"/>
Bucket Piston <input type="radio"/>	Natural Gas <input type="radio"/>
Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor
Centrifugal <input type="radio"/>	Hand <input type="radio"/>
Rotary <input type="radio"/>	Tractor PTO <input type="radio"/>
Flowing Well <input type="radio"/>	Windmill <input type="radio"/>
Other (specify): _____	Other (specify): _____
Date Pump Installed: _____	Horse Power Rating of Motor: <u>1</u>
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Setting Depth: <u>120</u> feet
	Number of Stages: <u>9</u>

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

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

Colen Madden 0563
 Print Name of Pump Installer and License No. (if applicable)

Alan Madden
 Signature of Pump Installer

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