

JAN-10-2006 14:29 From:

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To: 360 0535

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# 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: Holmes  
 Permit #: GN16320  
 Driller: Mike Wells  
 Date drilling completed: 12-20-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E20  
 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>Lebanon Water Assoc.</u>	Latitude: <u>33° 14' 54" N</u> Longitude: <u>89° 53' 49" W</u>
Mailing Address: <u>2 Court Square</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Survey-grade GPS</u>
<u>Lexington, MS 39095</u>	USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 9 Twn 16 N Rng 4 E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>6</u> Miles <u>WEST</u> of <u>WEST, MS.</u>
Well Data	
Purpose of Well (circle one) Home Industrial <u>Public Supply</u> Irrigation Fish Culture Other: _____	
Date well drilling started: <u>11-5-05</u> Date well drilling completed: <u>12-20-05</u>	
If flowing, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>255</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-8-05</u>	
Method of Measurement (circle one) <u>steel tape</u> <u>electric tape</u> air line other: _____	
Hole depth: <u>963'</u> Well depth: <u>958'</u> Well grouted to a depth of <u>907'</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>907'</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>STEEL</u>	
Screen length: <u>42'</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>STAINLESS STEEL</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>912</u> feet to <u>954</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>846</u> feet If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Ray</u> Density Sonic Neutron Other: _____	
Name of organization running log(s): <u>MS Geological Service ELOG # C0071</u>	
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>Thomas G. Chrestman 0-703</u>	<u>Thomas G. Chrestman</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor



FEB-13-2006 11:07 From:

6628431717

To: 360 0535

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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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: 4-E-25  
 Elevation: \_\_\_\_\_

County: Holmes  
 Permit #: \_\_\_\_\_  
 Driller: Mike Wells  
 Date completed: 12-20-05

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>Lebanon Water Assoc.</u>	Latitude: <u>33° 14' 34" N</u> Longitude: <u>89° 53' 49" W</u>
Mailing Address: <u>2 Court Square</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, <u>Survey-grade GPS</u>
<u>Lexington, MS 39095</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>15N</u> Rng <u>4E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>6</u> Miles <u>West</u> of <u>West, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>2-2-05</u>	Setting Depth: <u>410</u> feet
Rated Pump Capacity: <u>350</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not tested</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>255</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>n/a</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ foot
Drawdown ((B) - (A)): <u>n/a</u> Feet Below Land Surface	Well yielded <u>Not tested</u> GPM with a drawdown of _____
Test Pumping Rate: <u>n/a</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>n/a</u> hours	

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

Thomas G. Chrestman 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Chrestman  
 Signature of Pump Installer