

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 #: 6-57
L. S. Elevation: _____
E-log #: _____

County: Holmes
Permit #: _____
Driller: C/S Drilling
Date drilling completed: 11-22-04

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>Bill Lemon</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>300 Belvedere Dr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Pratt, MS 39208</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>16W</u> Rng <u>R1W</u>
Telephone No. <u>(601) 932-7624</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>W</u> of <u>Tchulm</u>

Well Data

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

Date well drilling started: 11-18-04 Date well drilling completed: 11-22-04

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

Static Water Level: 17 feet above or (below) (circle one) land surface Date measured: 11-21-04

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

Hole depth: 544 Well depth: 540 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 520 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 520 feet to 540 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): _____

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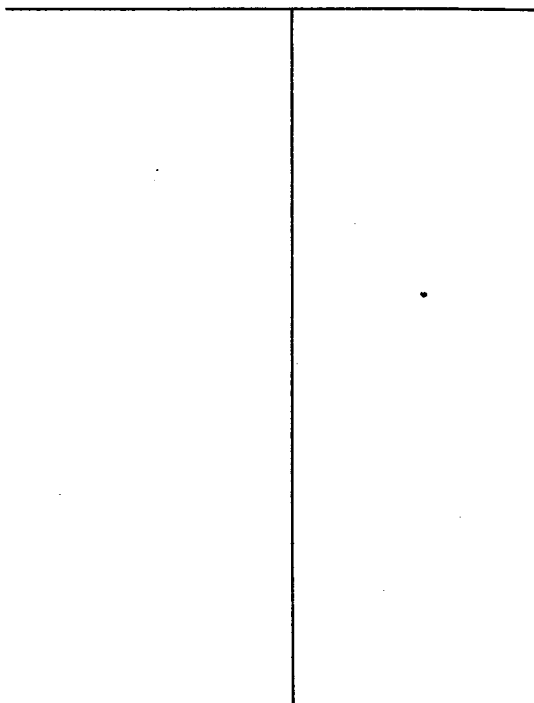
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Calvin Sullivan 0-554
Print Name of Water Well Contractor and License No.

Calvin Sullivan
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level



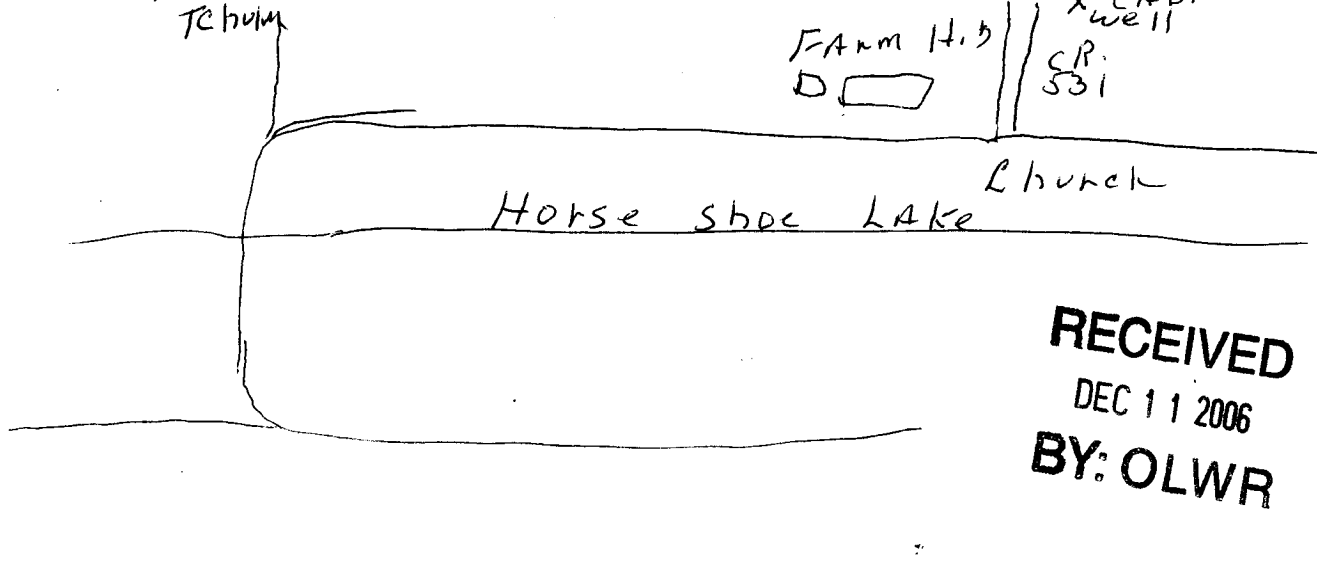
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL & clay	0	19
SAND	19	61
SAND & GRAVEL	61	132
SANDY Shell	132	148
Shell	148	382
H. shell	382	450
SAND & shell	450	531
SAND	531	544

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.



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Landowner Name: Bill Leamon

Calvin Sullivan
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)

County: Holmes
 Permit #: _____
 Driller: CBS Drilling
 Date completed: 11-22-06

For Office Use Only:

Aquifer: _____
 Well #: G-57
 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>Bill Leamon</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>300 Belvedere Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Perth</u> <u>ms</u> <u>39205</u>	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>T-14</u> Rng <u>R-1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 932-7626</u>	<u>6</u> Miles <u>NW</u> of <u>Tchula</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>11-21-06</u>	Setting Depth: <u>60</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>7</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-21-06</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>17</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>38</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>16</u> Gallons Per Minute	
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.

Calvin Sullivan 0-554 Calvin Sullivan
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer