

Final 4-12-11

County: Humphreys
 Permit #: MS-612-44865
 Driller: Charles M. Nichols
 Date drilling completed: 3-28-11

State Well Report
 Part 1 - Driller's Log
 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: B 289
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Eandowner if borehole is not for a water well) Owner Name: <u>Walter Shelton</u> Mailing Address: <u>1250 Shadow Wood Drive</u> <u>Brandon MS 39047</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>33° 14' 28" N</u> Longitude: <u>90° 37' 35" W</u> Method of Lat/Long (circle one): Conventional Survey USGS quad: <u>(hand-held GPS)</u> Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 9 Twp 16 N Rng 4 W</u> Distance Direction Nearest Town <u>3 Miles West of Isola MS.</u>
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Well / Borehole Data

Date drilling started: 3-28-11 Date drilling completed: 3-28-11 Hole depth: 110 Hole diameter: 26

Location of the source of any surface water used for drilling: Ditch
 Method of dosing and volume of Chlorine used in drilling and development: H7H

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 30 1/2 feet above or below (circle one) land surface Date measured: 4-8-11

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bestonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: plc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: plc

Screen slot size: .035 inches Setting depth: From 70 feet to 110 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 next page*

B+B Well Service

Sep 27 10 01:40p

Schultz Drilling

002-330-0111

p.4

Well #2

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)961-3210
(601)394-6931 (fax)

For Office Use Only:

Appr'd:

Well #:

Elevation:

County: Hempstead
 Permit #: _____
 Driller: Matt Nichols
 Date completed: _____
 Copy information from Map on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>Walter Shelton</u>	Latitude: <u>33°14.874N</u>	Longitude: <u>90°37.356W</u>	
Mailing Address: <u>1250 Shadow Wood Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Brandon MS 39047</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade OPS _____		
City _____ State _____ Zip Code _____	Distance _____ Discipia _____ Nearest Town _____		
Telephone No. <u>(601) 832-9180</u>	<u>3</u> Miles <u>W</u> of <u>ISAOLA, MS</u> 38754		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Platen	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: _____		
Date Pump Installed: <u>4/8/2011</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>2500</u> Gallons Per Minute			Number of Stages: <u>1</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>N/A</u>	Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): <u>30' 6"</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured short in head: <u>N/A</u> feet		
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded: <u>N/A</u> GPM with a drawdown of _____		
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	<u>N/A</u> feet per <u>N/A</u> 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.

Robert Byars 0-543 Robert Byars
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B