

sketch #3
Tow point

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 #: G-79
L. S. Elevation: _____
E-log #: _____

County: HUMPHREYS
Permit #: 00042800
Driller: J. NEWCOME 0-773
Date drilling completed: 7-28-08

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>W. R. SHELTON CO.</u>	Latitude: <u>33.07.17</u> Longitude: <u>90.25.03</u>
Mailing Address: <u>8106 TUPPER BAYOU</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>ISOLA, MS 38754</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4</u> Sec <u>29</u> Twn <u>15N</u> Rng <u>2W</u>
Telephone: <u>662-836-8566</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>SE</u> of <u>BELZONI</u>

Well Data

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

Date well drilling started: 7-28-08 Date well drilling completed: _____

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1.050 inches Setting depth: From 75 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: _____

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.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

John Newcome

Signature of Water Well Contractor

RECEIVED

AUG 28 2008

BY: OLWR

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 #: G-79

Elevation: _____

County: Humphreys
 Permit #: GW 42800
 Driller: J. NEWCOMB #713
 Date completed: 7-28-08

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>W.R. SHELTON CO.</u>	Latitude: <u>33-07-17</u>	Longitude: <u>90-25-03</u>	
Mailing Address: <u>8106 Tupper Park</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Isola, MS. 38754</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 29 Twp 15N Rng 2W</u>		
Telephone No: <u>662-836-8566</u>	Distance _____ Miles	Direction _____	Nearest Town _____

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<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>7-29-08</u>			Setting Depth: <u>70</u> feet		
Rated Pump Capacity: <u>700</u> Gallons Per Minute			Number of Stages: <u>3</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	_____	Air Line	Electric Measuring Line
Static Water Level (A): <u>NOT TESTED</u> Feet Below Land Surface	_____	Other (specify): _____	Steel Tape
Pumping Water Level (B): <u>NOT TESTED</u> 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.

GLEN ROWS #7109 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 AUG 08 2008
 BY: OLWR