De Paul Pivot

State Well Report

/	
County: Humphears	ĺ
Permit #: 6 6 4/70	De la
Driller J. HEWCOME 0.773	1
Date drilling completed: 3-14-07	

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 #:		
L. S. Elevation:		
E-log #:		

e driller in detail and filed with the Denart

30 days of completion of drilling of the well.	on they in deran and then with the Debat iment within			
Well Owner Information	Well-Location			
Owner Name DENNY Paul FARM				
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey.			
4019 WHITE SLANE RD MAZOO CITY MG 39194 City State Zip Code	USGS quad Hand-held GPS Survey-grade GPS Nul 14 Sw 14 Sec 273 Twn 13 N Rng 3W Distance Direction Rearest Town			
Telephone Nea (22-571-5494				
Well 1	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture Other:			
Date well drilling started: 3-14-07 Date	well drilling completed:			
If flowing, method of flow regulation: Valve Other (d				
Static Water Level:feet above or below (circle one)	land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape	·			
Hole depth: 153 Well depth: 150	Well grouted to a depth of feet			
Type of grout (circle one): Cement Bentonite Mix				
Casing length: 120 feet Casing diameter: 16	inches Type of casing:			
Screen length: 30 feet Screen diameter: 16	inches Type of screen:			
Screen slot size: 050 inches Setting depth: From	110-120 feet to 130 - 150 feet			
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open hole Natural Development:			
Other (describe):				
Top of lap pipe or reduction in casingfeet. 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	de Deway			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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Part 1

Date drilling completed: 3-14-07

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For Office Use Only: Aquifer: Well #: 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 drining of the wen.	77 11 V	
Well Owner Information	Well Location	
Owner Name DENNY Paul Farm		
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,	
4019 WHITESLANERD	•	
City State Zip Code	HW 4 SW 4 Sec 27 3 Twn 13 N Rng 3W	
Telephone No. 102-571-5494	Distance Direction Nearest Town Miles N of LAKE CITY	
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:		
Date well drilling started: 3-14-07 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: 153 Well depth: 150 Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite) Mix		
Casing length: 120 feet Casing diameter: 16 inches Type of casing: PUC		
Screen length: 30 feet Screen diameter: 16		
Screen slot size: 050 inches Setting depth: From 110-120 feet to 130-150 feet		
Type of completion (circle all applicable): Gravel packed Und	erreamed 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	<u>John Leware</u>	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	

Ground Level	
16" CASir9	
10' sc/cov	110
10'CASING	130
20' screen	150

Description of Formations Encountered	From	To
TOP Soil	0	10
mix clay	lo	28
Fine Sand	18	10
COAUSC SANd	110	120
Fine Sand	170	130
COATSC Sand	130	150
Gray CLAY	158	155
	8,00	
	8,,	

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 strictures of 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.

Road HWN 49W

Landowner Name: Denne, Police Formus

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 #: <u>2-88</u> 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.	and then with the Department within 50 days of the	
Well Owner Information	Well Location	
Owner Nam DENNY Paul Farms	Latitude: 2-56-05 Longitude: 090-29-55	
Mailing Address: 40/9 WHITE LANE RO	Method of Lat/Long (circle one): Conventional Survey,	
Van () 1/2 2010	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Code	NW14 SW14 See 27 Twn /3N Rng 3W	
Telephone No. 662-571-5494	Distance Direction Nearest Town Miles N of LAKE City	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor: 125	
Date Pump Installed: 3-15-07	Setting Depth:fcet	
Rated Pump Capacity: 1500 Gallons Per Minute	Number of Stages: 3	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one	
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
Drawdown (B(-)(A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate: Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		

RECEIVED

APR 2 0 2007

BY: OLWR