

W.C. Steve Hunter

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: A 135
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: ISSAQUEANA
Permit #: GW 44050
Driller: J. NEWCOME 0-773
Date drilling completed: 4-10-10

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.C. Woodruff</u> | Latitude: <u>32° 59' 55"</u> Longitude: <u>90° 56' 55"</u> |
| Mailing Address: <u>P.O. Box 126</u> | Method of Lat/Long (circle one): Conventional Survey. |
| <u>Grace</u> MS <u>38745</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4</u> Sec <u>5</u> Twn <u>13N</u> Rng <u>7W</u> |
| Telephone No. <u>(662) 839-2202</u> | NW Distance Direction Nearest Town <u>.75</u> Miles <u>EAST</u> of <u>Grace MS</u> |

Well Data

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

Date well drilling started: 4-10-10 Date well drilling completed: 4-10-10

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: 133 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 86-90 feet to 100-130 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

JUL 06 2010

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)

A135

For Office Use Only:

Aquifer: _____
 Well #: A135
 Elevation: _____

County: Issaquena
 Permit #: 6W'44050
 Driller: J. Newcome 0-773
 Date completed: 4-10-10

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.C. Woodruff</u> | Latitude: <u>32° 59' 55"</u> Longitude: <u>090° 56' 55"</u> |
| Mailing Address: <u>P.O. Box 126</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| <u>Grace MS 38745</u> City State Zip Code | <u>NE 1/4 SW 1/4 Sec 5 Twn 13N Rng 7W</u> |
| Telephone No. <u>(662) 839-2202</u> | Distance Direction Nearest Town <u>1.75 Miles E of Grace, 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>000</u> |
| Date Pump Installed: <u>4/11/10</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ 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.

Cony Rowe 0-711P
 Print Name of Pump Installer and License No. (if applicable)

C Rowe **RECEIVED**
 Signature of Pump Installer

JUL 08 2010

BY: OLWR