

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-36
L. S. Elevation: _____
E-log #: _____

County: ISSAQUENA
Permit #: QW41395
Driller: JOHN NEWCOME
Date drilling completed: 10-13-06

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>DELTA WILDLIFE & FORESTRY</u>	Latitude: <u>32.38.14</u> " Longitude: <u>90.49.22</u> "
Mailing Address: <u>Hwy 61 South</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vicksburg MS 39181</u>	USGS quad: <u>SW</u> <u>NE</u> <u>1/4 SW</u> <u>1/4 Sec 9</u> Twn <u>9N</u> Rng <u>6W</u>
Telephone No: <u>601-638-2404</u>	Distance <u>2</u> Miles <u>EAST</u> of <u>VALENT PARK</u>

Well Data

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

Date well drilling started: 10-13-06 Date well drilling completed: 10-13-06

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

Static Water Level 25 feet above or below (circle one) land surface Date measured: 10-13-06

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: 100 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 100 feet to 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): _____

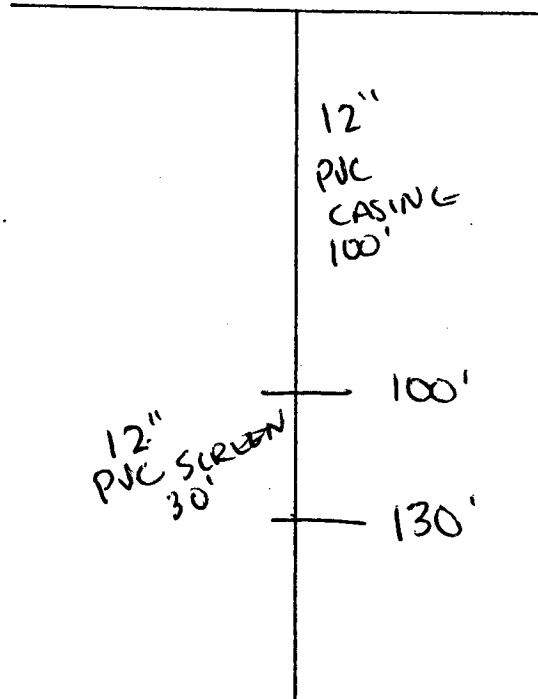
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

* Pump will BE INSTALLED WHEN WEATHER PERMITS. RECEIVED NOV 20 2006 BY: OLWR

If well telescopes please sketch below and show depths.

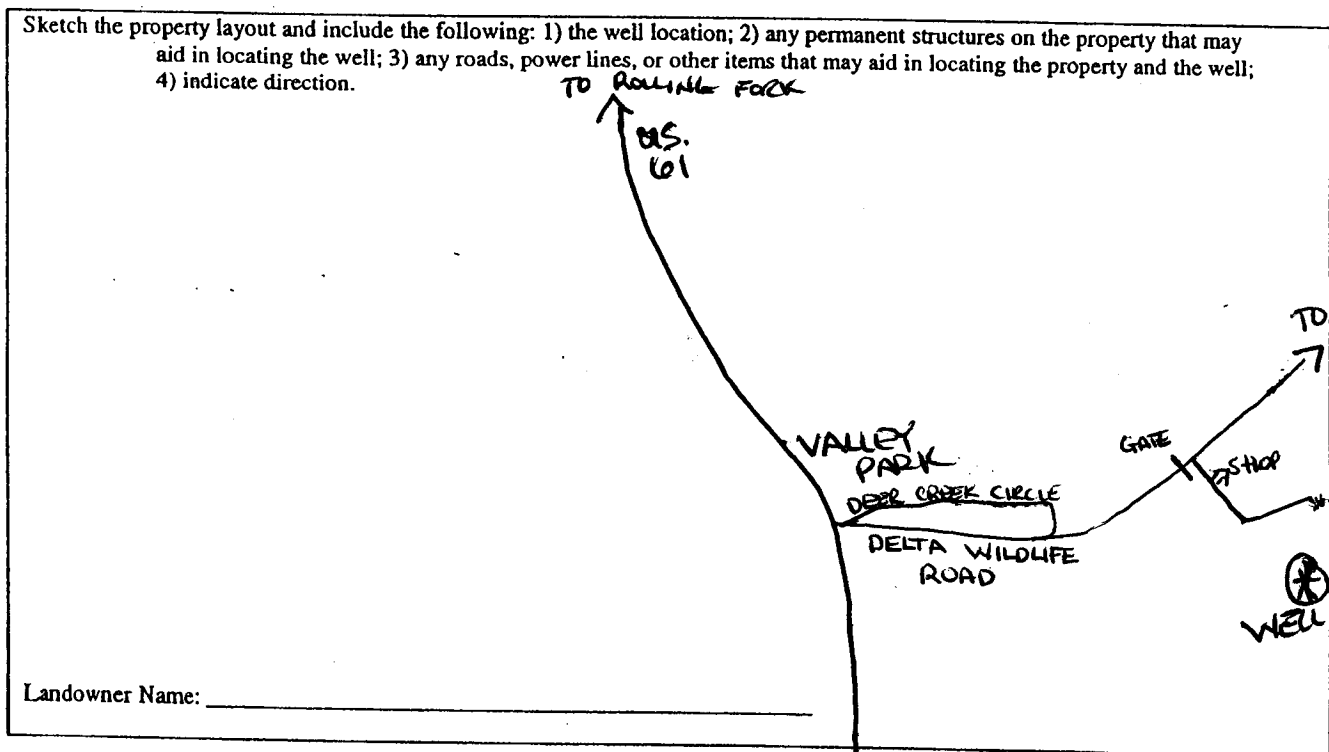
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY SAND	10	30
FINE SAND	30	100 98
COARSE SAND/GRAVEL	98	133

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.



Landowner Name: _____

(Signature)
 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: ISSAQUENA
 Permit #: GW41395
 Driller: JOHN NEWCOMB
 Date completed: 10-13-06

For Office Use Only:

Aquifer: _____
 Well #: G-36
 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>DELTA WILDLIFE AND FORESTRY</u>	Latitude: <u>32-38-44</u> Longitude: <u>090-49-22</u>
Mailing Address: <u>Highway 1 South</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Vicksburg, MS 39181</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 9 Twn 9N Rng 6W</u>
Telephone No: <u>601, 638-2404</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>2 Miles EAST of VALLEY PARK</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>12-16-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>3-Stage 12"</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): <u>NO TEST RUN</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 ROWE #710-P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

* THIS IS THE PART #2 FOR LOG THAT WAS SUBMITTED AND DRILLED BY: OLIVER-06

JAN 08 2007