

AUG-15-2005 14:53 From:

6628431717

To: 360 0535

P.2/3

State Well Report

Part I

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 #: H-16
 L. S. Elevation: _____
 E-log #: _____

County Issaquena
 Permit # MS-GW-16223
 Driller Mike Wells
 Date drilling completed: 8/8/05

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>Mississippi Department of Wildlife Fisheries + Parks</u>	Latitude: _____	Longitude: _____
Mailing Address	<u>2291 County Rd. 145</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
City	<u>Greenwood MS 38930</u>	<u>SE 1/4 SW 1/4 Sec 10 Twn 18N Rng 3E</u>	
State		Distance _____ Miles	Direction _____ of _____
Zip Code			Nearest Town _____
Telephone No.	<u>(601) 661-0294</u>		

Well Data

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

Date well drilling started 8/8/05 Date well drilling completed: 8/8/05

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

Static Water Level 15 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 124' Well depth: 124' Well grouted to a depth of 10' feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 74' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50' feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 74' feet to 124' feet

Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: N/A 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) N/A

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.

Thomas G. Christman 0-703
 Print Name of Water Well Contractor and License No.

Thomas G. Christman
 Signature of Water Well Contractor

RECEIVED

AUG 15 2005

BY: OLWR

AUG-15-2005 14:53 From: 6628431717 To: 360 0535 P.3/3

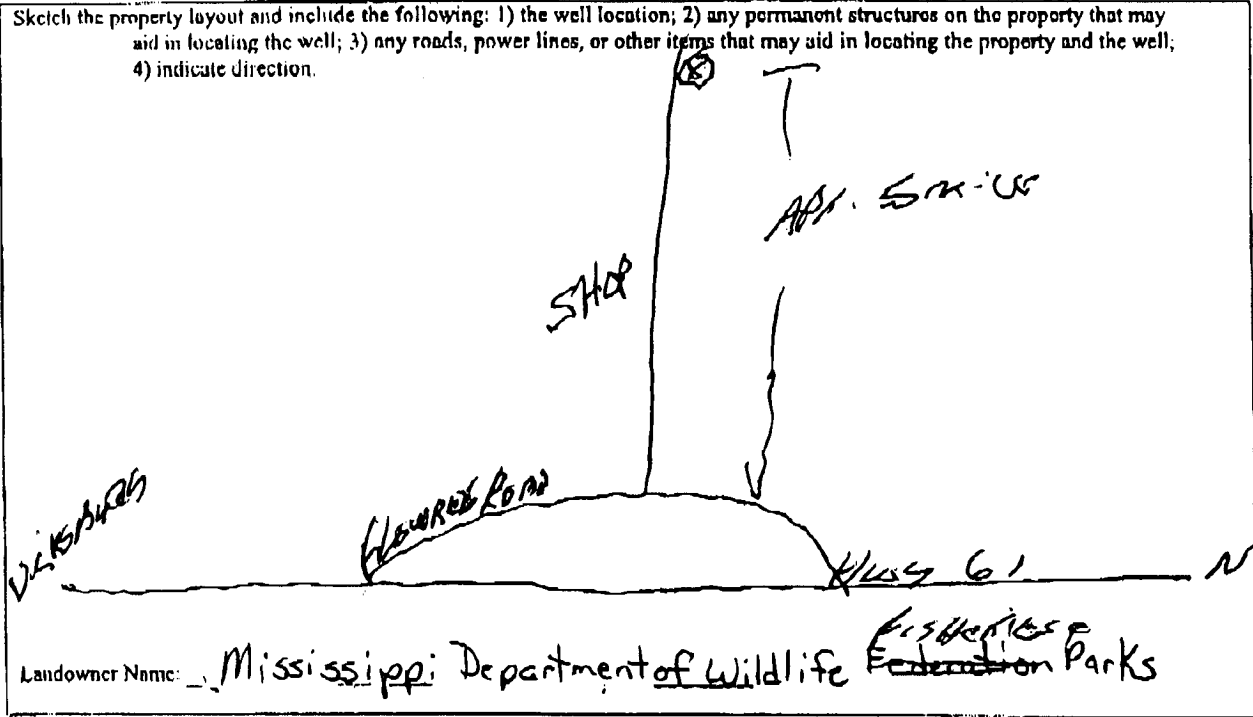
H-16

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Hard Blue Clay	0	56
Coarse Sand & Gravel	56	71
Coarse Sand	71	124

If more than one screen, show location of each on sketch



Thomas E. Chastain
 Signature of Water Well Contractor

RECEIVED
 AUG 15 2005
 BY: OLWR

AUG-22-2005 10:01 From:

6628431717

To: 360 0535

P.5/5

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 #: 1116
 Elevation: _____

County: Issaquena
 Permit #: Gw16023
 Driller: Mike Wells
 Date completed: 8/18/05

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>MS DEPT OF WILDLIFE FISHERIES & PARKS</u> Mailing Address: <u>2291 County Rd. 145</u> <u>Greenwood, MS 38930</u> City State Zip Code Telephone No. <u>(601)661-0294</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SE 1/4 SW 1/4 Sec 10 Twn 18N Rng 3E</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8/16/05</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>n/a</u> Static Water Level (A): <u>8</u> Feet Below Land Surface Pumping Water Level (B): <u>n/a</u> Feet Below Land Surface Drawdown ((B) - (A)): <u>n/a</u> Feet Below Land Surface Test Pumping Rate: <u>n/a</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: <u>n/a</u> feet Well yielded <u>n/a</u> GPM with a drawdown of _____ feet after _____ hours 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

Thomas G. Christman 0-203 Thomas G. Christman