

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)394-6938 (fax)
601-360-0555

For Office Use Only:

Aquifer: F16
Well #: _____
C.S. Elevation: _____
B-log #: _____

County: Tippah
Permit #: _____
Driller: Lin
Date drilling completed: 5-25-2010

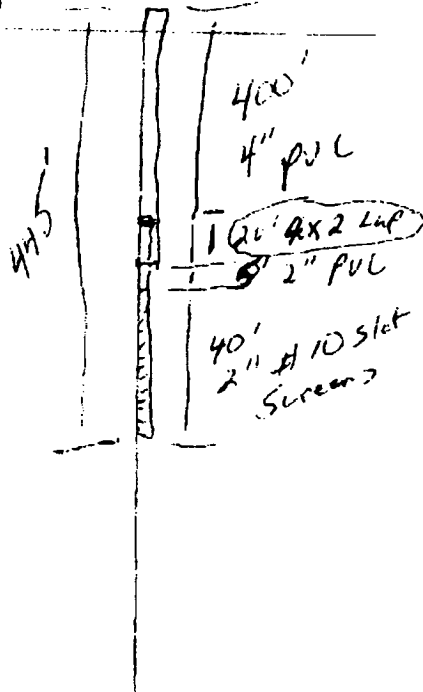
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Mark Lee</u>	Latitude: <u>32° 03' 28"</u>	Longitude: <u>89° 09' 57"</u>	
Mailing Address: <u>516 C.R. 299</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Louisa</u> <u>Ms</u> <u>39338</u>	<u>SW 1/4 Sec 31 Twp 31N Rng 11E</u>		
City State Zip Code	Distance: <u>5</u> Miles	Direction: <u>S/E</u>	Nearest Town: <u>Louisa MS</u>
Telephone No: <u>(662) 610-2174</u>	Well Data		
Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken Houses</u>			
Date well drilling started: <u>5-17-2010</u> Date well drilling completed: <u>5-25-2010</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>100</u> feet above or below (circle one) land surface Date measured: <u>5-25-2010</u>			
Method of Measurement (circle one): steel tape electric tape air line other: <u>Survey</u>			
Hole depth: <u>445</u> Well depth: <u>445</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>395</u> feet Casing diameter: <u>4 1/2</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>90</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>10</u> inches Setting depth: From <u>395</u> feet to <u>445</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> <u>Telescoped</u> Open hole Natural Development			
Other (describe): _____			
Top of lap pipe or reduction in casing: <u>500</u> feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No log run</u> 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.			
<u>Ms Water Well Drilling 0374</u>		<u>William Cain</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

F16

If well telescopes please sketch below and show depths.

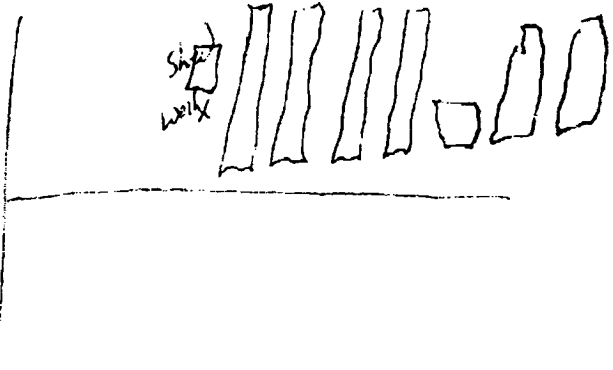
Ground Level



Description of Formation Encountered	From	To
Top Soil & Clay	0	10
Sand	10	25
Clay	25	320
Sand	320	335
Clay (Brown)	335	355
Sand	355	445

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: Mark Lee

Robert Cain
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: Tosper
 Permit #: _____
 Driller: Cain
 Date completed: 5-25-2010

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Mark Lee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>516 C.R. 299</u>	Method of Lat/Long (circle one) <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Louis</u> <u>MS</u> <u>39338</u>	USGS quad _____
City State Zip Code	<u>S 1/4 W 1/4 Sec 34 Twn 31N Rng 11E</u>
Telephone No. <u>(769) 610-2174</u>	Distance Direction Nearest Town
	<u>5 Miles S/E of Louis MS</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5-24-2010</u> Rated Pump Capacity: <u>60</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>180</u> feet Number of Stages: <u>15</u>
<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-25-2010</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/> Other (specify): <u>string</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	For flowing well, measured shut-in head: _____ feet
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	<u>30</u> feet after <u>5</u> hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Miss Water Well Drilling 0374 Nelson Cain
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer