

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 #: M21
 L. S. Elevation: _____
 E-log #: _____

County: Jasper
 Permit #: _____
 Driller: David West
 Date drilling completed: 7-15-09

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>Elly Colmore</u>	Latitude: <u>31° 57' 00"</u> Longitude: <u>89° 57' 30"</u>
Mailing Address: <u>C.R. 119</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hiedleberg MS 39439</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 33 Twn 12N Rng 13E</u>
Telephone No. <u>(601) 595-0226</u>	Distance Direction Nearest Town
	<u>4.5 Miles N of Hiedleberg</u>

Well Data

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

Date well drilling started: 7-13-09 Date well drilling completed: 7-15-09

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

Static Water Level: 277 feet above or below (circle one) land surface Date measured: 7-15-09

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

Hole depth: 520' Well depth: 520' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Pvc

Screen slot size: .008 inches Setting depth: From 500 feet to 500 feet

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

Other (describe): Sand packed

Top of 120 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: _____

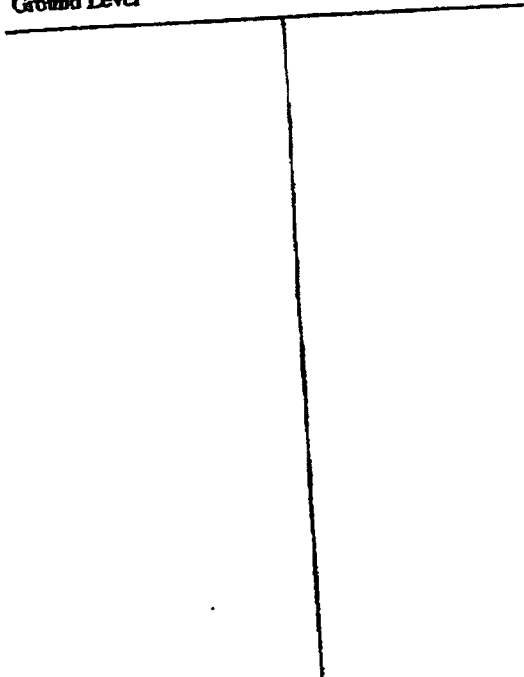
Name of organization running log(s): _____
 I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

David West 0677 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

M21

If well telescopes please sketch below and show depths.

Ground Level



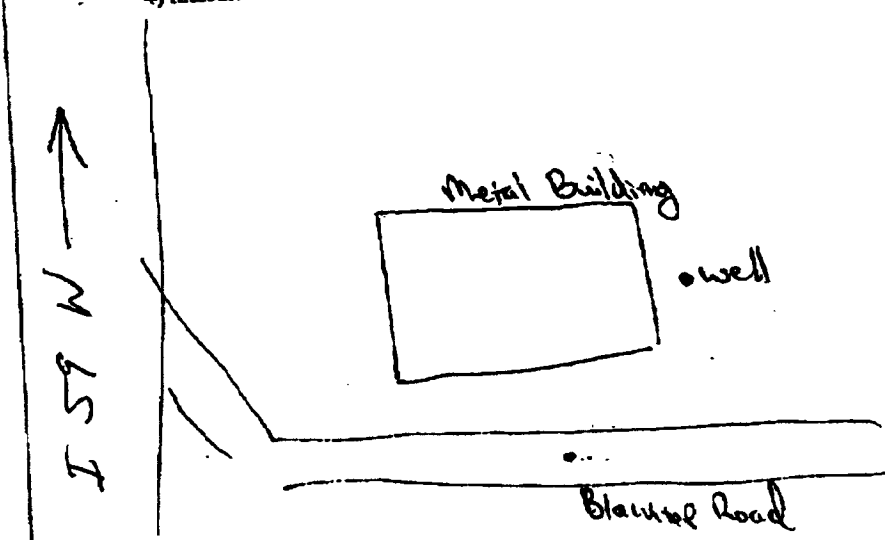
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	7
Sand	7	51
Clay	51	83
Sandy Clay	83	142
Clay	142	400
Sandy clay	400	463
Sand	463	496
Sand	496	520

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: Filly Gilmore

Dan H. West
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 #: M21

Elevation: _____

County: Jasper

Permit #: _____

Driller: David West

Date completed: 7-15-04

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

Owner Name: Elly Coilmare

Mailing Address: C.R. 119

Wiedtberg MS 39439
City State Zip Code

Telephone No. (601) 595-0276

Well Location

Latitude: 31° 57' 00" Longitude: 89° 57' 30"
50" 50"

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 SE 1/4 Sec 33 Twp 22N Rng 13E

Distance Direction Nearest Town

4.5 Miles N of Wiedtberg

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 7-17-04

Rated Pump Capacity: 19 Gallons Per Minute

Power Type Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor PTO

Windmill

Other (specify): _____

Horse Power Rating of Motor: 2

Sealing Depth: 300 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: _____

Static Water Level (A): _____ Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line

Electric Measuring Line

Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ 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.

David West DWD
Print Name of Pump Installer and License No. (if applicable)

David West
Signature of Pump Installer