

### 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 #: U-49  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Jasper  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date drilling completed: 9-30-08

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>Phil Bolaski</u>	Latitude: <u>31° 51' 01" N</u> Longitude: <u>88° 57' 26" W</u>
Mailing Address: <u>1404 Hwy 11</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>NW 1/4 SW 1/4 Sec 2 Twn 10N Rng 10W</u>
Telephone No. <u>(601) 787-4937</u>	Distance Direction Nearest Town
	<u>0.5 Miles SE of Hiedleberg</u>

#### Well Data

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

Date well drilling started: 9-25-08 Date well drilling completed: 9-30-08

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

Static Water Level: 186 feet above or below (circle one) land surface Date measured: 9-30-08

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

Hole depth: 500' 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: PRC

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

Screen slot size: 10/10 inches Setting depth: From 300 feet to 520 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.

David West 0-692  
 Print Name of Water Well Contractor and License No.

David West  
 Signature of Water Well Contractor

RECEIVED  
 OCT 30 2008  
 BY: [Signature]



# 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: Staple  
 Permit #: \_\_\_\_\_  
 Driller: David West  
 Date completed: 9-30-08

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: U-49  
 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.

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Phil Balaski</u>	Latitude: <u>31° 51'</u>	Longitude: <u>88° 57'</u>	
Mailing Address: <u>1404 Hwy 11</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Heidelberg MS 39439</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 2 Twn 10N Rng 10W</u>		
Telephone No. <u>(601) 787-4937</u>	Distance	Direction	Nearest Town
	<u>.5</u> Miles	<u>SE</u>	of <u>Heidelberg</u>

<b>Pump Type</b> Circle one			<b>Power Type</b> Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1</u>		
Date Pump Installed: <u>9-30-08</u>			Setting Depth: <u>340</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: _____		

<b>Pump Test Data</b>		<b>Method of Measuring Water Level</b> 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.

David West 0-632  
 Print Name of Pump Installer and License No. (if applicable)

David West  
 Signature of Pump Installer

RECEIVED

OCT 30 2008  
 BY: OLWF