

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 #: U91
 L. S. Elevation: _____
 E-log #: _____

County: Jackson
 Permit #: _____
 Driller: David West
 Date drilling completed: 8-11-09

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>Larry Germany</u>	Latitude: <u>31° 49' 19"</u> Longitude: <u>89° 02' 01"</u>
Mailing Address: <u>3632 Bardonia Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Gautier</u> MS <u>39553</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 19 Twn 10N Rng 10W</u>
Telephone No. <u>(228) 627-1949</u>	Distance Direction Nearest Town <u>3.5</u> Miles <u>SW</u> of <u>Hiedleberg</u>

Well Data

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

Date well drilling started: 8-1-09 Date well drilling completed: 8-11-09

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: 8-11-09

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

Hole depth: 230' Well depth: 230' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 199' feet Casing diameter: 4 inches Type of casing: Pvc

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

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

Other (describe): _____

Top of log 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.

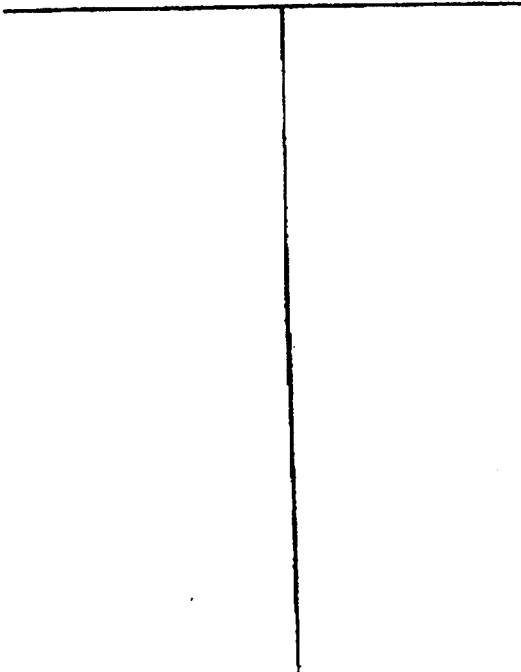
David West 06072
 Print Name of Water Well Contractor and License No.

David West
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

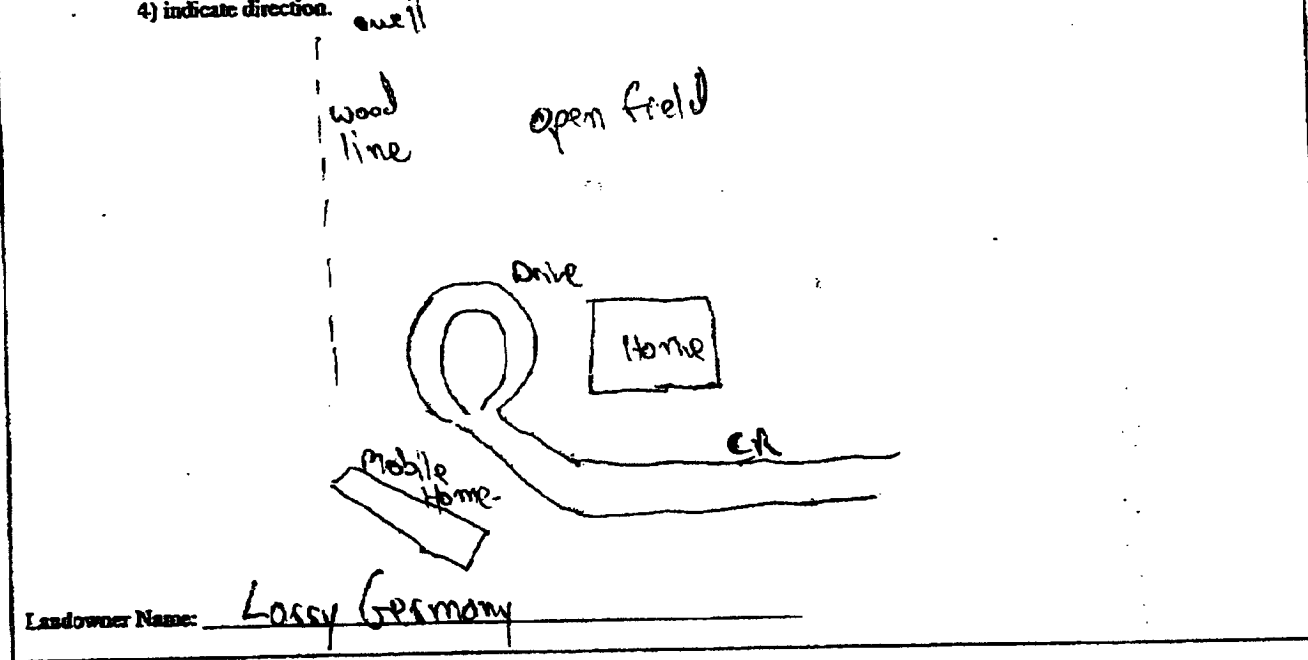
Ground Level



Description of Formations Encountered	From	To
Sandy	0	44
Rock	44	46
Sandy	46	50
Rock	50	51
Sandy	51	55
Rock	55	56
Clay	56	182
Rock	182	184
Clay	184	194
Rock	194	201
Clay Branch	201	204
Rock	204	205
Clay Branch	205	206
Rock	206	207
Clay Branch	207	208
Rock	208	209
Breakup Rock	209	211
Clay Branch	211	213
Rock	213	214
Clay	214	225
Rock	225	226
Clay	226	230

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.



[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: Jasper
 Permit #: _____
 Driller: David Weir
 Date completed: 8-11-09

For Office Use Only:
 Aquifer: _____
 Well #: 451
 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>Larry Gorman</u>	Latitude: <u>31° 49' 19"</u> Longitude: <u>89° 02' 01"</u>
Mailing Address: <u>31632 Bonita Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Greentier MS 39553</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 19 Twn 10N Rng 10W</u>
Telephone No. <u>6228 627-1949</u>	Distance Direction Nearest Town
	<u>3.5 Miles SW of Hildeberg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	House Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>8-11-09</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
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 Weir 02692
 Print Name of Pump Installer and License No. (if applicable)

David A. Weir
 Signature of Pump Installer