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WEST WATER WELL DRILLING

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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 #: J-140
 L. S. Elevation: _____
 E-log #: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date drilling completed: 6-4-08

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>Cosy Ellis</u>	Latitude: <u>31° 34' 29"</u> Longitude: <u>89° 24' 58"</u>
Mailing Address: <u>253 Earl Brasher Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Seminary MS 39479</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 15 Twn 7N Rng 14W</u>
Telephone No. <u>(601) 722-4360</u>	Distance <u>0</u> Miles Direction <u>E</u> of Nearest Town <u>Seminary</u>

Well Data

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

Date well drilling started: 6-4-08 Date well drilling completed: 6-4-08

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 6-4-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 00 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/16 inches Setting depth: From 90 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Undertreamed 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 0377
 Print Name of Water Well Contractor and License No.

David West
 Signature of Water Well Contractor

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WEST WATER WELL DRILLING

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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 #: J-140

Elevation: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 6-4-08

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>Cosby Ellis</u>	Latitude: <u>31° 34'</u> Longitude: <u>89° 24'</u>
Mailing Address: <u>253 Earl Brashe Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Seminary MS 39479</u>	<u>NW 1/4 SW 1/4 Sec 15 Twn 7N Rng 14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 722-4360</u>	<u>6 Miles E of Seminary</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>6-4-08</u>	Setting Depth: <u>20</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 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 01272
 Print Name of Pump Installer and License No. (if applicable)

David West
 Signature of Pump Installer

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