

Well #2

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 #: K-48
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: David West
Date drilling completed: 10-17-07

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
Owner Name: Courtney Tarter
Mailing Address: 1739 Hwy 29 S
Ellisville MS 39437
City State Zip Code
Telephone No. (601) 319-2180

Well Location
Latitude: 31° 32' 33" Longitude: 88° 09' 13"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 NW 1/4 Sec 24 Twn 7N Rng 12W
Distance Direction Nearest Town
4 Miles SE of Ellisville

Well Data

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

Date well drilling started: 10-17-07 Date well drilling completed: 10-17-07

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

Static Water Level: 158 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10/10 inches Setting depth: From 220 feet to 240 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 A. West D-672

David A. West

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
OCT 25 2007
BY: OLWR

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 #: K-48

Elevation: _____

County: Jones
 Permit #: _____
 Driller: David West
 Date completed: 10-17-07

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>Courtney Tarter</u>	Latitude: <u>31° 32'</u> Longitude: <u>88° 09'</u>
Mailing Address: <u>1739 Hwy 29 S</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Ellisville</u> <u>MS</u> <u>39437</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 24 Twn 7N Rng 12W</u>
Telephone No. <u>666 319-2180</u>	Distance Direction Nearest Town <u>4 Miles SE of Ellisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: _____ feet Number of Stages: _____
Date Pump Installed: <u>10-19-07</u>	
Rated Pump Capacity: <u>27</u> Gallons Per Minute	

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	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David A. West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David A. West
 Signature of Pump Installer

RECEIVED
 OCT 25 2007
 BY: OLWR