

State Well Report

Part 1 - Driller's Log

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: Lafayette
Permit #: MS6016166
Driller: Layne Christensen Co
Date drilling completed: 5/19/05

For Office Use Only:

Aquifer: _____
Well #: B-60
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Town of Abbeville</u>	Latitude: <u>34° 30' 00"N</u> Longitude: <u>89° 30' 25"W</u>
Mailing Address: <u>P.O. Box 19</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Abbeville, MS. 38601</u> City State Zip Code	<u>SE</u> ¼ ¼ Sec <u>3</u> Twn <u>7S</u> Rng <u>3W</u>
Telephone No. <u>(662) 234-1763</u>	Distance Direction Nearest Town <u>½</u> Miles <u>E</u> of <u>Abbeville</u>

Well / Borehole Data

Date drilling started: 4/26/05 Date drilling completed: 5/19/05 Hole depth: 499 Hole diameter: 17"

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: Mixed in tank/3000 gal @50 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Layne

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___
Seismic Survey ___ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, method of flow regulation: Valve ___ N/A Other (describe) ___ N/A

Static Water Level: 182 feet above or below (circle one) land surface Date measured: 5/19/05

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

Well depth: 499 Well grouted to a depth of 435 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 435 feet Casing diameter: 12 inches Type of casing: Black Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Johnson 304 SS WW

Screen slot size: 0.020 inches Setting depth: From 435 feet to 495 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: 370 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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)

County: Lafayette
 Permit #: MS 6W 16166
 Driller: Layne Christensen Co.
 Date completed: 5/19/05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-60
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Town of Abbeville</u>	Latitude: <u>34° 30' 00" N</u> Longitude: <u>89° 30" 25W</u>
Mailing Address: <u>P.O. Box 19</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Abbeville MS 38601</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	SE <u>1/4</u> <u>1/4</u> Sec <u>3</u> T <u>75</u> R <u>3W</u>
Telephone No. (<u>662</u>) <u>234-1763</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Abbeville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>11/10/05</u>	Setting Depth: <u>310</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/18/05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>184</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>278</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>94</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>94</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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