

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 #: H-102
L. S. Elevation: _____
E-log #: _____

Lavenderdale

Nelson Cain

Date drilling completed: 4-23-05

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>Tracy Lott</u>	Latitude: <u>32° 28' 42"</u> Longitude: <u>88° 38' 17"</u>
Mailing Address: <u>PO Box 3567</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian MS 39303</u>	<u>8 1/4 W 1/4 Sec 2 Twn 7 N Rng 16 E</u>
City State Zip Code	NW SW Direction Nearest Town
Telephone No. <u>(601) 679 7257</u>	<u>5</u> Miles <u>N/E</u> of <u>Meridian</u>

Well Data

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

Date well drilling started: 4-9-05 Date well drilling completed: 4-23-05

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

Static Water Level: 180 feet above or below (circle one) land surface Date measured: 4-20-05

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

Hole depth: 550 Well depth: 550 Well grouted to a depth of 70 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 500 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2 inches Type of screen: #10 PVC

Screen slot size: #10 inches Setting depth: From 420-450 feet to 500-520 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: 4x2 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.

Nelson Cain # 0-374

Print Name of Water Well Contractor and License No.

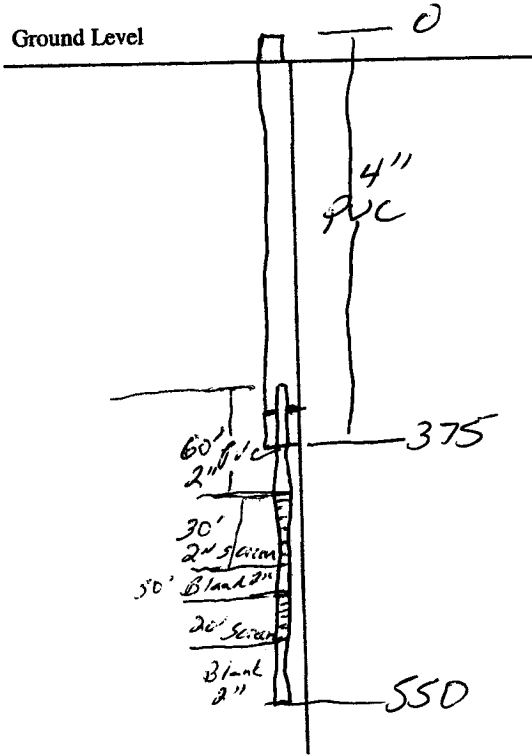
Nelson Cain

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

H-102

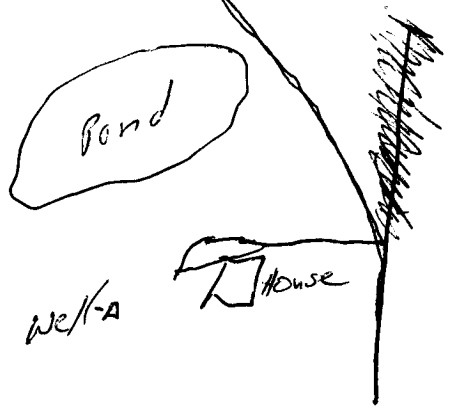
Ground Level



Description of Formations Encountered	From	To
Clay & Shell	0	60
Shell	60	105
Sand streaks and Shell	105	155
Shell	155	400
Rock	400	402
Sand streaks	402	440
Coarse Sand	420	450
Shell	450	500
Coarse Sand	500	520
Broken Sand	520	550

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.



Landowner Name: Tracy Lott

Nelson Cain
Signature of Water Well Contractor

STAMPED AREA

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 #: H-102

Elevation: _____

County: Lauderdale
 Permit #: _____
 Driller: Nelson Cain
 Date completed: 4-28-05

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>Tracy Gatt</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 3567</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian Ms 39303</u>	<u>S</u> 1/4 <u>W</u> 1/4 Sec <u>2</u> Twn <u>7N</u> Rng <u>16E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 679-7257</u>	<u>5</u> Miles <u>N/E</u> of <u>Meridian</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>5</u>
Date Pump Installed: <u>4-23-05</u>	Setting Depth: <u>250</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>180</u> Feet Below Land Surface	Other (specify): <u>String</u>
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.

Nelson Cain 0-374
 Print Name of Pump Installer and License No. (if applicable)

Nelson Cain
 Signature of Pump Installer