

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 #: L-294
L. S. Elevation: _____
E-log #: _____

County: LeFlore
Permit #: _____
Driller: CBS Drilling
Date drilling completed: 8-19-05

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>Billy Whitingson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>73000 CR. 518</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Greenwood, MS 38930</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>19N</u> Rng <u>1E</u>
Telephone No. <u>(662) 458-1948</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>N</u> of <u>GREENWOOD</u>

Well Data

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

Date well drilling started: 8-13-05 Date well drilling completed: 8-19-05

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 8-19-05

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

Hole depth: 420 Well depth: 410 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 390 feet Casing diameter: 4 inches Type of casing: PUC

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

Screen slot size: .010 inches Setting depth: From 390 feet to 410 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.

CBS Drilling D-554
Print Name of Water Well Contractor and License No.

Calvin Suelter
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: LeFlore
 Permit #: _____
 Driller: C+S Drilling
 Date completed: 8-19-05

For Office Use Only:

Aquifer: _____
 Well #: L294
 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>Billy Wittington</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>73000 C.R. 518</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Greenwood, MS 38932</u>	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>19N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 458-1948</u>	<u>4</u> Miles <u>N</u> of <u>Greenwood</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8-18-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-18-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>17</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>38</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>47</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

C+S Drilling 0-554 Cala Sullivan
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

