

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-295
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: _____
Driller: C&S Drilling
Date drilling completed: 1-16-06

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>Chuck Secest Md.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1421 N. STATE ST.</u> <u>Suite 403</u> <u>Jackson, MS 39202-1690</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>T19N</u> Rng <u>1E</u>
Telephone No. <u>(601) 353-9900</u>	Distance _____ Direction _____ Nearest Town _____ <u>4 1/2</u> Miles <u>N</u> of <u>Greenwood</u>

Well Data

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

Date well drilling started: 1-12-06 Date well drilling completed: 1-13-06

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

Static Water Level: 10" feet above or below (circle one) land surface Date measured: 1-16-06

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

Hole depth: 286 Well depth: 286 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 266 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 266 feet to 286 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.

C&S Drilling 0-554
Print Name of Water Well Contractor and License No.

Calvin Sull
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

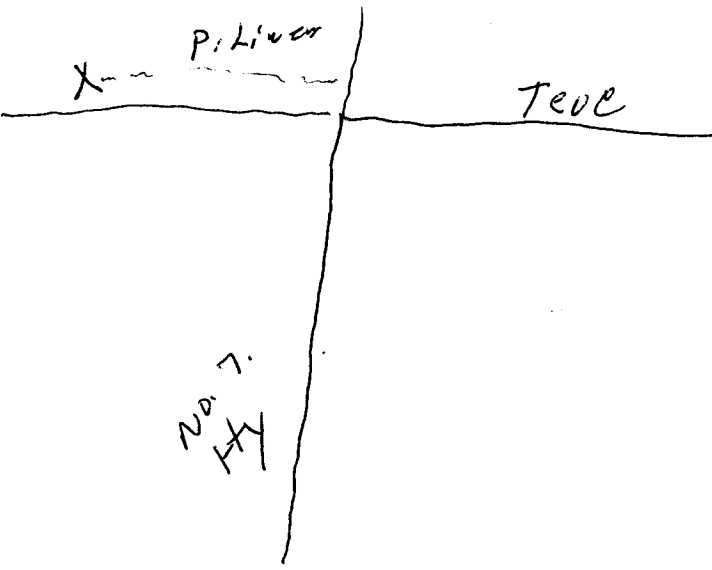
W 295

Ground Level

Description of Formations Encountered	From	To
TOP Soil to Clay	0	16
Sand	16	81
Sand to Gravel	81	118
Shale	118	140
Sandy Shale to Rocks	140	257
Green Sand	257	284

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: _____

Calm Sullivan

Signature of Water Well Contractor

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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 #: L-295

Elevation: _____

County: LeFlore

Permit #: _____

Driller: CBS Drilling

Date completed: 1-16-06

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>Chuck Sechrist M.D.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1421 N. STATE ST.</u> <u>Suite 403</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>JACKSON, MS 39200-1690</u>	_____ 1/4 _____ 1/4 Sec <u>19</u> Twp <u>R9N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 353-9900</u>	<u>4 1/2</u> Miles <u>N</u> of <u>Freewood</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	<input checked="" type="radio"/> <u>Electric Motor</u> 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>1-16-06</u>	Setting Depth: <u>42</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-16-06</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>10" Abn</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>17</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17"-10"</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>17' 10"</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

CBS Drilling 0-557
Print Name of Pump Installer and License No. (if applicable)

Calvin Sullivan
Signature of Pump Installer

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FEB 10 2006
BY: OLWR