

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 #: G-478
L. S. Elevation: _____
E-log #: _____

Requires that this report be prepared by the driller in detail and filed with the Department within completion of drilling of the well.

Well Owner Information

Nathan Biggs
687 Denton Trail
Brookhaven MS 39601
State Zip Code

Well Location

Latitude: 31° 32' 30" Longitude: 90° 28' 58"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE ¼ SE ¼ Sec 27 Twn 7N Rng 7E

Distance 2 Miles Direction SW of Nearest Town Brookhaven
1 N Hwy 87W

Well Data

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

Well started: 12-19-04 Date well drilling completed: 12-20-04

Method of flow regulation: Valve _____ Other (describe) _____

Level: 22' feet above or below (circle one) land surface Date measured: 12-20-04

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

160' Well depth: 140' Well grouted to a depth of 10 feet

(circle one): Cement Bentonite Mix

120 feet Casing diameter: 4 inches Type of casing: PVC

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

012 inches Setting depth: From 120 feet to 140 feet

Completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Expansion or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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

Log(s) running log(s): _____

This 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.

Waterwell 510
Name of Water Well Contractor and License No.

Larry Early
Signature of Water Well Contractor

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MAY 03 2006

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 #: 6-478

Elevation: _____

County: Lincoln

Permit #: _____

Driller: LARRY EASLEY

Date completed: 12-20-04

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>Nathan Biggs</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>687 Denton Trl</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>B'ham</u> <u>MS</u> <u>35001</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	_____ Miles _____ of _____

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 hp</u>
Date Pump Installed: <u>12-20-04</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-20-04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tap</u>
Static Water Level (A): <u>22</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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.

Brian Easley 0-139P
 Print Name of Pump Installer and License No. (if applicable)

Brian Easley
 Signature of Pump Installer

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G-478

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
CLAY	0	10
Gravel	10	20
Sand	20	25
Sand Clay	25	40
Sand	40	140
CLAY	140	160

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: Nathan Biggs

Larry Early
Signature of Water Well Contractor

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