

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-45
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: _____
Driller: Clardy
Date drilling completed: 6/30/05

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>Robert Butler</u> | Latitude: <u>33° 29' 52"</u> Longitude: <u>88° 17' 25"</u> |
| Mailing Address: <u>Robert Butler Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Columbus, MS 39102</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>8</u> ^{NW} <u>W</u> ^{SW} <u>14</u> ^W Sec <u>14</u> Twn <u>185</u> Rng <u>19E</u> |
| Telephone No. <u>(662) 574-5530</u> | Distance <u>4</u> Miles Direction <u>East</u> of Nearest Town <u>Columbus</u> |

Well Data

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

Date well drilling started: 6/28/05 Date well drilling completed: 6/30/05

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

Static Water Level: 97' feet above or below (circle one) land surface Date measured: 6/30/05

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

Hole depth: 222 Well depth: 222 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 182 feet to 222 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: 5 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.

Donald B. Clardy 0-496 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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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 #: H-45
 Elevation: _____

County: Leflore
 Permit #: _____
 Driller: Clardy
 Date completed: 6/30/05

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>Robert Butler</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Robert Butler Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Columbus, MS 39702</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>S</u> ¼ <u>W</u> ¼ Sec <u>14</u> Twn <u>18S</u> Rng <u>19E</u> |
| Telephone No. (<u>662</u>) <u>574-5530</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>East</u> of <u>Columbus</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>6/30/05</u> | Setting Depth: <u>140'</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>6/30/05</u> | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>97</u> Feet Below Land Surface | Other (specify): _____ |
| 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 |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Donald B. Clardy 0-496 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR