

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-46
L. S. Elevation: _____
E-log #: _____

County: Louisa
Permit #: _____
Driller: Clardy B. Clardy
Date drilling completed: 3/23/06

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>Hurley Sumo</u>	Latitude: <u>33.29.50</u> Longitude: <u>88.17.20</u>
Mailing Address: <u>Robert Butler Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Columbus, MS 39702</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>S 1/4 NE 1/4 Sec 14 Twn 18S Rng 19E</u>
Telephone No. <u>(601) 574-0264</u>	Distance Direction Nearest Town
	<u>4 1/4 Miles East of Columbus</u>

Well Data

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

Date well drilling started: 3/20/06 Date well drilling completed: 3/26/06

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

Static Water Level: 97' feet above or below (circle one) land surface Date measured: 3/26/06

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

Hole depth: 238' Well depth: 238' Well grouted to a depth of 20'

Type of grout (circle one): Cement Bentonite Mix

Casing length: 157 1/2 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 117 1/2 feet to 157 1/2 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.

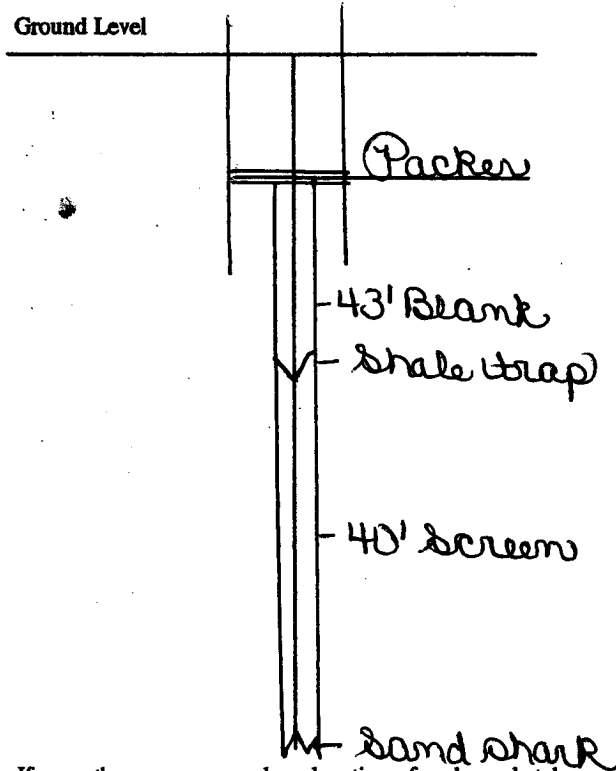
Donald B Clardy 0-496 Donald B Clardy
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

H-46

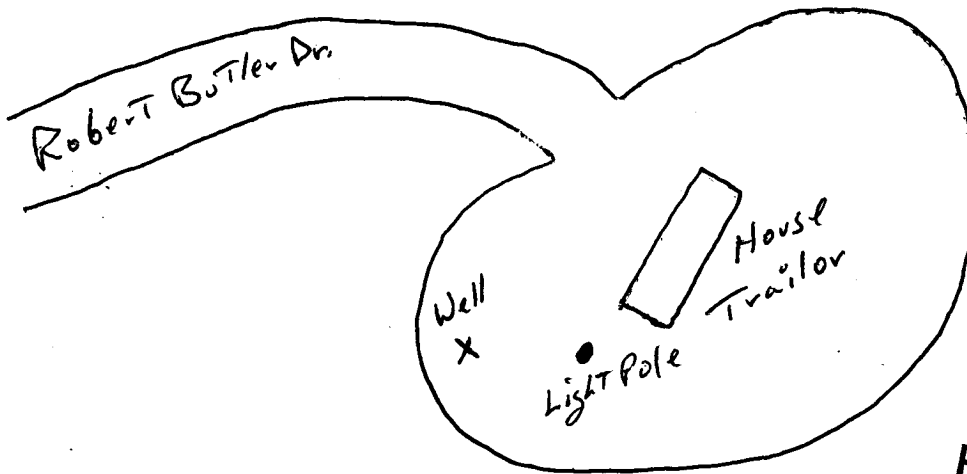
Ground Level



Description of Formations Encountered	From	To
Red clay	0	10
Blue clay	10	141
Clay	141	156
Sandy clay	156	164
Clay	164	202
Sandy clay	202	214
Sand shark	214	232
Sandy clay	232	235
White clay	235	258

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.



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Landowner Name: Hurley Dornio

Donald B. Tully
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)

For Office Use Only:

Aquifer: _____
 Well #: H-46
 Elevation: _____

County: Leflore
 Permit #: _____
 Driller: Clardy Drill
 Date completed: _____

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>Hurley Sumo</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Robert Butler Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39702</u>	<u>S 1/4 W 1/4 Sec 14 Twn 18 S Rng 19 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 574-0264</u>	<u>4 1/4 Miles East of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand <input type="radio"/> Tractor PTO
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>3/22/06</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>10'</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
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 _____ 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.

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

Donald B Clardy
 Signature of Pump Installer