

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 #: J-34
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: _____
Driller: Clardy
Date drilling completed: 9/15/05

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>Mark Lewis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2812 Freeman Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Caledonia, MS 39140</u>	<u>SW</u> 1/4 Sec <u>28</u> Twn <u>19N</u> Rng <u>16E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 606-7788</u>	<u>12 1/2</u> Miles <u>W</u> of <u>Columbus</u>

Well Data

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

Date well drilling started: 9/12/05 Date well drilling completed: 9/15/05

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

Static Water Level: 118 feet above or below (circle one) land surface Date measured: 9/14/05

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

Hole depth: 391 Well depth: 391 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 205 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 351' feet to 391' 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.

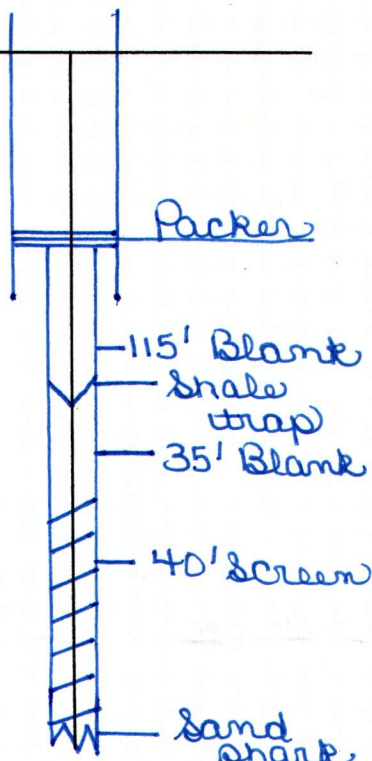
Clardy Drilling 0-496 [Signature]
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

J-34

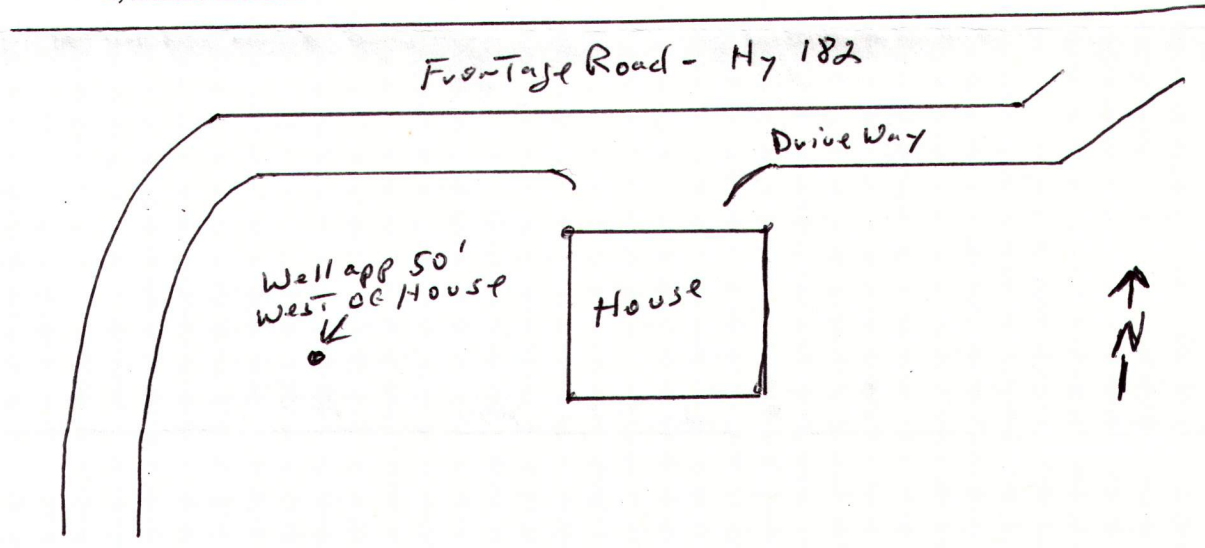
Ground Level



Description of Formations Encountered	From	To
White clay	0	15
Blue clay	15	73 1/2
Rock	73 1/2	75
Blue clay	75	254
Sandy clay	254	307
Fine sandy clay	307	322
Clay	322	327
Sandy clay	327	332
Fine sandy clay	332	342
Sandy clay	342	360
Fine sandy clay	360	362
Fine sand	362	368
Rock	368	369 1/2
Sand	369 1/2	389
Clay	389	391

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: Mark Lewis

David B. Thibault
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 #: J-34

Elevation: _____

County: Leflore
 Permit #: _____
 Driller: Clardy
 Date completed: 9/15/05

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>Mark Lewis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2812 Freeman Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Caledonia, MS 39740</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 Sec 28 Twn 19N Rng 11E</u>
Telephone No. <u>(601) 606-7788</u>	Distance Direction Nearest Town
	<u>1 1/2 Miles W of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> 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>1</u>
Date Pump Installed: <u>9/14/05</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/14/05</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>118</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 <u>15</u> 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.

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

[Signature]
 Signature of Pump Installer

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