

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 #: K-53
L. S. Elevation: _____
E-log #: _____

County: Rowden
Permit #: _____
Driller: Clardy
Date drilling completed: 8/15/06

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>Joe Hillis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 2365</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39702</u> City State Zip Code	<u>S 1/4 E 1/4 Sec 23 Twn 19N Rng 17E</u>
Telephone No. (<u>662</u>) <u>327-5202</u>	Distance Direction Nearest Town <u>3 Miles West of Columbus</u>

Well Data

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

Date well drilling started: 8/9/06 Date well drilling completed: 8/15/06

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 214 Well depth: 214 Well grouted to a depth of 5 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 174 feet to 214 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.

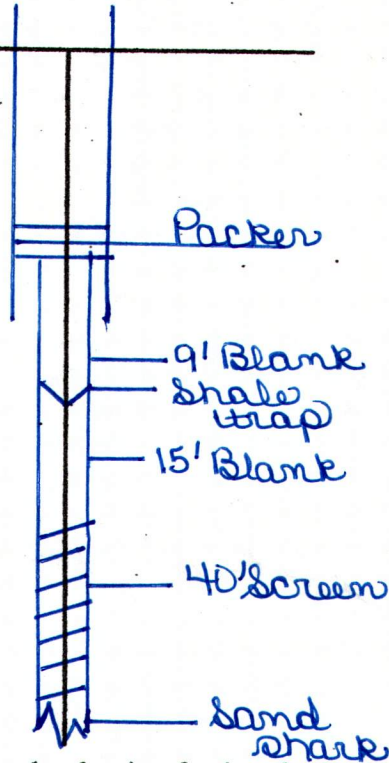
Donald B. Clardy 0-496
Print Name of Water Well Contractor and License No.

Donald B. Clardy
Signature of Water Well Contractor

RECEIVED
SEP 14 2006
BY: OLWR

K-53

Ground Level



Description of Formations Encountered	From	To
Brown sandy clay	0	22
sandy blue clay	22	140
clay	140	159
sand	159	209
Rocky clay	209	211
	211	214

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: Joe Gillis

Donald R. Wiley
Signature of Water Well Contractor

RECEIVED
SEP 14 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 #: K-53

Elevation: _____

County: Forinded
 Permit #: _____
 Driller: Clardy
 Date completed: 8/15/06

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>Joe Liddle</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 2365</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Columbus, MS 39102</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>S 1/4 E 1/4 Sec 23 Twn 19N Rng 17E</u>
Telephone No. <u>(601) 327-5202</u>	Distance Direction Nearest Town
	<u>3 Miles West of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="radio"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="radio"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>8/15/06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/15/06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>42'</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.

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

RECEIVED

SEP 14 2006

BY: OLWR