

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 #: L-59
L. S. Elevation: _____
E-log #: _____

County: Lowndes
Permit #: _____
Driller: David Brown
Date drilling completed: 8/18/04

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>Bennie Henderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>454 Bud Price Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Columbus, MS 39702</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW <u>1/4</u> Sec <u>23</u> Twn <u>19S</u> Rng <u>18W</u>
Telephone No. (<u>662</u>) <u>329-2088</u>	Distance <u>6</u> Miles Direction <u>S</u> of Nearest Town <u>Columbus</u>

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BY: OLWR

Well Data

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

Date well drilling started: 8/18/04 Date well drilling completed: 8/18/04

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

Static Water Level: 17.5 feet above or below (circle one) land surface Date measured: 8/18/04

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

Hole depth: 260 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 133 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: n/a feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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: _____ 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.

David C. Brown
Mid-South Drilling Company, Inc. 654

Print Name of Water Well Contractor and License No.

David C. Brown
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 #: L-59

Elevation: _____

County: Lowndes
 Permit #: _____
 Driller: DAVID BROWN
 Date completed: 8/18/04

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>BENNIE HENDERSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>454 Bud Price Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 2472</u>	<input checked="" type="radio"/> <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Columbus, MS 39704</u>	<u>NW</u> ¼ _____ ¼ Sec <u>23</u> Twn <u>19S</u> Rng <u>18W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 329-2088</u>	<u>6</u> Miles <u>S</u> of <u>Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>18 AUG. 04</u>	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>17 FT</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): _____ 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)]: <u>12 FT.</u> 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.

Joseph Johnson
 Print Name of Pump Installer and License No. (if applicable)

Joseph Johnson
 Signature of Pump Installer

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 BY OLWR