

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 #: E-113
L. S. Elevation: _____
E-log #: _____

County: Marshall
Permit #: _____
Driller: Jones W. Mason
Date drilling completed: 9-1-04

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>Bill Beatty</u>	Latitude: <u>34° 51' 39" N</u> Longitude: <u>89° 34' 06" W</u>
Mailing Address: <u>1321 Red Banks rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Red Banks MS 38661</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 28 Twn 25 Rng 4W</u>
Telephone No. <u>(662) 551-2005</u>	Distance <u>3.4</u> Miles Direction <u>N</u> Nearest Town <u>Red Banks</u>

Well Data

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

Date well drilling started: 9-1-04 Date well drilling completed: 9-1-04

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 9-2-04

Method of Measurement (circle one) steel tape electric tape air line other: string and weight

Hole depth: 170' Well depth: 170' Well grouted to a depth of 10'

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160' feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 160' feet to 170' 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: NA 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): _____

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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.

Jones W. Mason 0-620 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

E-113



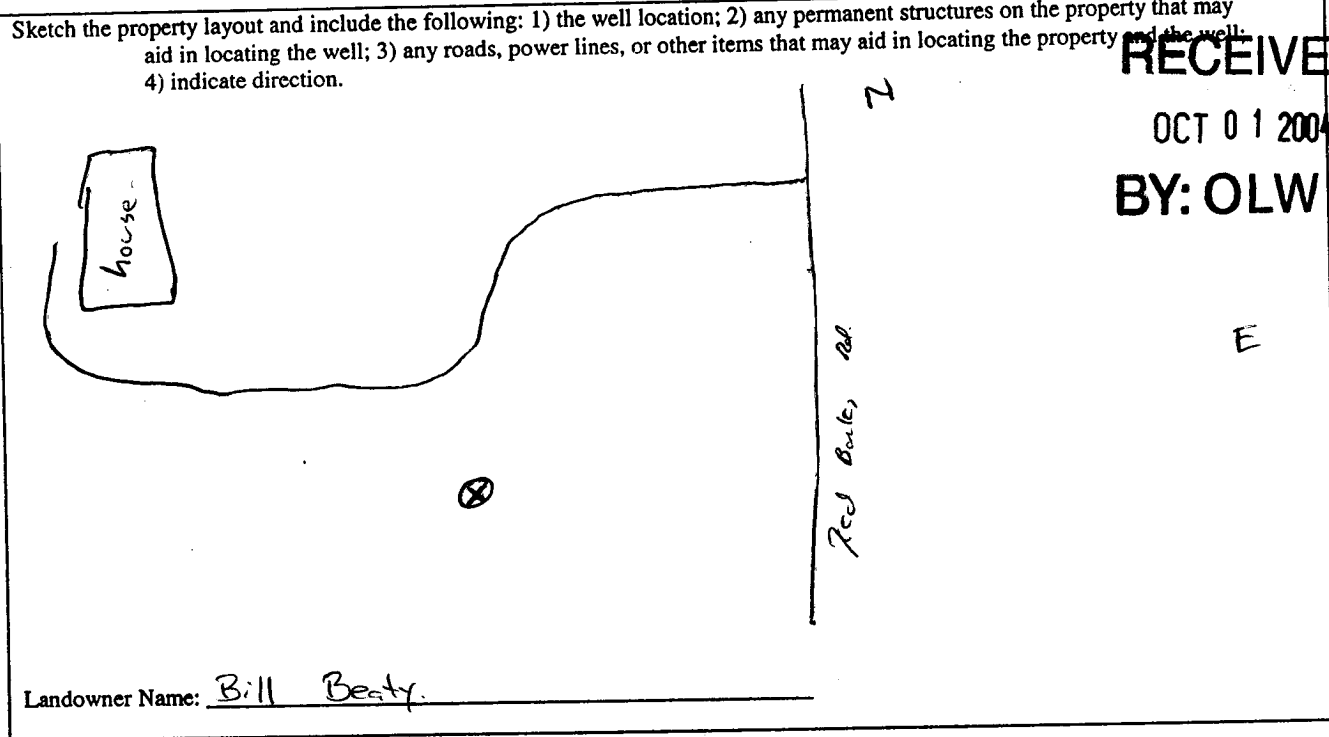
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay dirt	0	15
red sand.	15	30
white clay.	30	50
red sand.	50	70
white sand.	70	120

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: Bill Beaty

Paul W. Moran
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 #: E-113
Elevation: _____

County: Marshall
Permit #: _____
Driller: James W. Meser
Date completed: 9-2-04

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Bill Beaty</u>	Latitude: <u>34-51-981</u> Longitude: <u>089-34-094</u>
Mailing Address: <u>1321 Red Batts rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Red Batts MS 38661</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>25</u> Twn <u>25</u> Rng <u>4w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662</u>) <u>551-2005</u>	<u>3.14</u> Miles <u>N</u> of <u>Red Batts</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-2-04</u>	Setting Depth: <u>120'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>13</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-2-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>string / weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

James W. Meser James W. Meser
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer