

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)

93
For Office Use Only:

Aquifer: _____
Well #: W-67
L. S. Elevation: 063
E-log #: _____

County: Marshall
Permit #: _____
Driller: Wilson Well
Date drilling completed: 12/20/04

Wilson Well Company, Inc

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>William Ball</u>	Latitude: <u>33° 44' 03"</u> Longitude: <u>89° 32' 35"</u>
Mailing Address: <u>2815 Old Elm Ln</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Germentown</u> <u>MS</u> <u>38138</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 20 Twn 4S Rng 4W</u>
Telephone No. (____) _____	Distance <u>17</u> Miles <u>SW</u> Direction of <u>Valley Springs</u> Nearest Town <u>3W</u>
	<u>2853 Maroma Rd</u>

Well Data

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

Date well drilling started: 12/20/04 Date well drilling completed: 12/20/04

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 12/20/04

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 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 210' feet to 220' 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.

Rodney D. Wilson 0-418 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
JAN 19 2005
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)354-6933 (fax)

For Office Use Only:

Aquifer: 063
Well #: N-67
Elevation: _____

County: Marshall
Permit #: _____
Driller: Wilson Well
Date completed: 12/20/04
Copy information from block on Part 1.

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>William Batt</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2815 Old Elm Ln</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hermitown TN 38138</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 20 T 4S R 4E</u>
Telephone No. (____) _____	Distance _____ Direction <u>17</u> Nearest Town <u>3W</u>
	<u>8</u> Miles <u>SW</u> of <u>Holly Springs</u>
	<u>288 Mariana Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	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"/>	<u>Electric Motor</u> <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>1 1/2</u>
Date Pump Installed: <u>12-20-04</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-20-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): <u>PVC Pipe</u>
Pumping Water Level (B): <u>180</u> 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.

Redney A. Wilson 0413
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer