

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)

County: Marshall
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 12-13-08

For Office Use Only:

Aquifer: _____
Well #: W-17
L. S. Elevation: _____
E-log #: _____

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>Andre Mathews</u>	Latitude: <u>34° 34' 79"</u> Longitude: <u>087° 31' 99"</u>
Mailing Address: <u>2115 Stoval Ave.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Memphis</u> TN <u>38101</u> <small>City State Zip Code</small>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(901) 725-6807</u> <u>(901) 690-2258</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>8</u> Twn <u>6S</u> Rng <u>3W</u>
	Distance <u>2 $\frac{7}{16}$</u> Miles Direction <u>East</u> of Nearest Town <u>Laws Hill</u> <u>1760 Hwy 310 East</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>12-13-08</u> Date well drilling completed: <u>12-13-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>115</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>12-26-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Rope & weight</u>	
Hole depth: <u>180'</u> Well depth: <u>168'</u> Well grouted to a depth of <u>12</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>128</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC SCH 40</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>128</u> feet to <u>168</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>-0-</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> 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.

Willie L. Bryant 0-639 Willie L. Bryant RECEIVED
JAN 09 2009
BY: OLWR

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

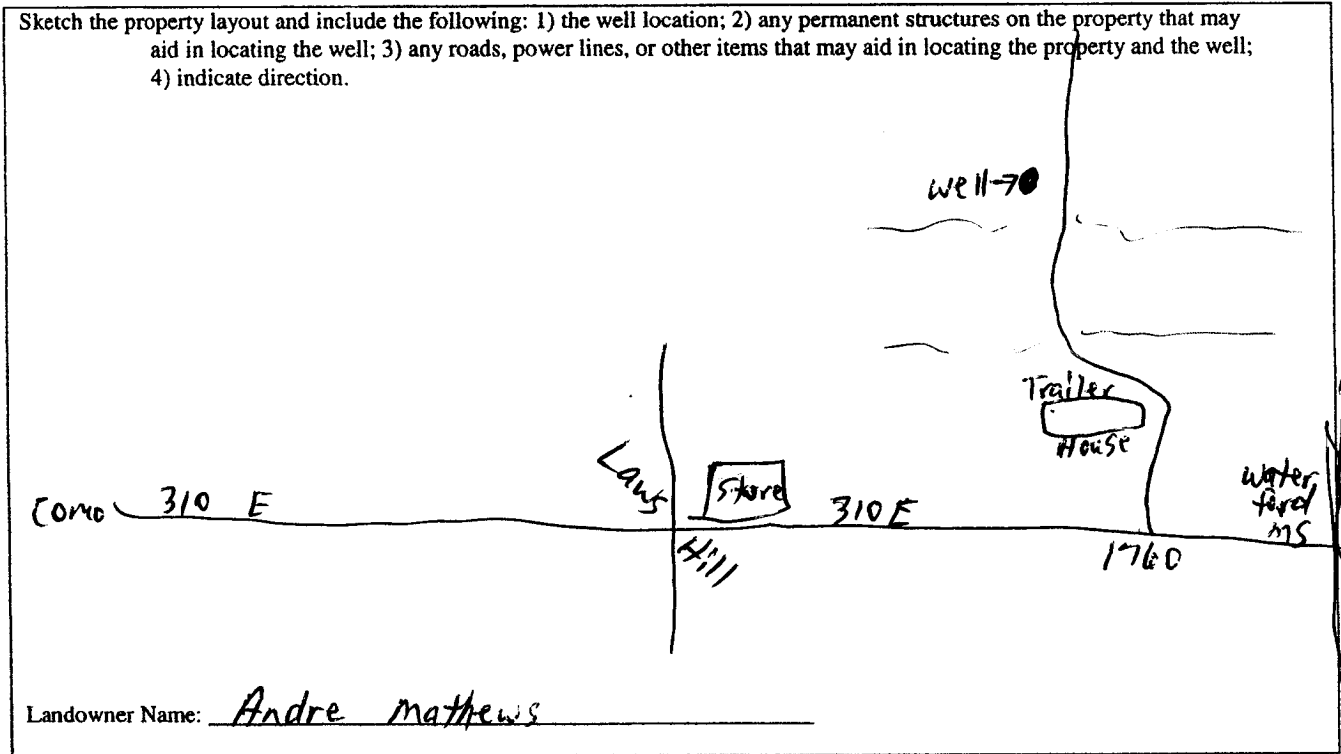
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top soil & Red gravel	0	20
Red gravel & white clay	20	40
white clay & Red sand	40	60
clay & white sand	60 80	80
coarse white sand	80	100
"	100	120
"	120	168

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: Andre Matthews

Walter L. Bryant
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 #: W-17
 Elevation: _____

County: Marshall
 Permit #: _____
 Driller: Willie Bryant
 Date completed: 12-26-08

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>Andre Mathews</u>	Latitude: <u>34°34.79' N</u> Longitude: <u>089°31.99' W</u>
Mailing Address: <u>2115 Storal Ave.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Memphis TN 38108</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>6S</u> Rng <u>3W</u>
Telephone No. <u>(901) 725-6807</u> <u>(901) 690-2258</u>	Distance Direction Nearest Town <u>2.3</u> Miles <u>East</u> of <u>Laws Hill</u> <u>1760 Hwy 310 East</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3 HP</u>
Date Pump Installed: <u>12-26-08</u>	Setting Depth: <u>166'</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-26-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>115'</u> Feet Below Land Surface	Other (specify): <u>Rope + weight</u>
Pumping Water Level (B): <u>123'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8'</u> Feet Below Land Surface	Well yielded <u>36</u> GPM with a drawdown of
Test Pumping Rate: <u>36</u> Gallons Per Minute	<u>8</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Willie L Bryant 0-639
 Print Name of Pump Installer and License No. (if applicable)

Willie L Bryant
 Signature of Pump Installer

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JAN 09 2009
 BY: OLWR