

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: Montee
Permit #: _____
Driller: Rossi Drilling
Date drilling completed: 12-14-06

For Office Use Only:
Aquifer: _____
Well #: 18
L. S. Elevation: M42
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>Luis West</u>	Latitude: <u>33° 52' 40"</u> Longitude: <u>88° 24' 14"</u>
Mailing Address: <u>5050 West Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Berdeen</u> MS <u>39230</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>8</u> <u>1/4</u> <u>W</u> <u>1/4</u> Sec <u>2</u> Twn <u>14S</u> Rng <u>9E</u>
Telephone No. <u>(662) 319-7649</u>	Distance Direction Nearest Town
	Miles of

Well Data

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

Date well drilling started: 12-14-06 Date well drilling completed: 12-14-06

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

Static Water Level: 64 feet above or below (circle one) land surface Date measured: 12-14-06

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

Hole depth: 95 Well depth: 95 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 4" inches Type of casing: PRC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PRC

Screen slot size: 1/16 inches Setting depth: From Bottom feet to 10 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.

Thomas Rossi 0-509
Print Name of Water Well Contractor and License No.

[Signature] RECEIVED
Signature of Water Well Contractor

JUN 29 2007

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 #: 18

Elevation: 142

County: Monroe

Permit #: _____

Driller: Rossi Drilling

Date completed: 12-14-06

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>Luis West</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5050 West Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>River Junction</u> MS <u>39730</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>S</u> 1/4 <u>W</u> 1/4 Sec <u>2</u> Twn <u>14S</u> Rng <u>9E</u> NW SW Direction Nearest Town <u>18W</u>
Telephone No. <u>(667) 319-7649</u>	Distance _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>12-14-06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>101</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-14-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>64</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 <u>15</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> 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.

Tom Rossi 0500-509 Tom Rossi
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 29 2007
 BY: OLWR