

State Well Report

Part 1 - Driller's Log

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 #: Q-103
L. S. Elevation: _____
E-log #: _____

County: Monroe
Permit #: _____
Driller: Rayburn Parks
Date drilling completed: 4/29/05

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Elvern Koehn</u>	Latitude: <u>33° 41' 20"</u> Longitude: <u>88° 38' 01"</u>
Mailing Address: <u>165 Paine Field Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>West Point</u> Ms. <u>39773</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec. <u>14</u> Twn <u>16</u> S Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 352 - 3514</u>	<u>S</u> Miles <u>N</u> of <u>West Point, MS</u>

Well / Borehole Data

Date drilling started: 4-26-05 Date drilling completed: 4-28-05 Hole depth: 270 FT Hole diameter: 8"

Location of the source of any surface water used for drilling: City Water

Method of dosing and volume of Chlorine used in drilling and development: 5 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe): _____

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

Is a flowing well, subject of flow regulation: Valve _____ Other (describe): _____

State Water Level: 166 feet above/below (circle one) ground surface Date measured: 4-28-05

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

Well depth: 270 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 240 feet to 270 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 next page*

Form: OLWR-SWR-1A

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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)

County: Monroe
 Permit #: _____
 Driller: Rayburn Parks
 Date completed: 4/29/05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-103
 Elevation: _____

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>Elvern Koehn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1165 Paine Field Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>West Point Ms. 39773</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 14 T 16E R 6E</u>
Telephone No: <u>(662) 352-3514</u>	Distance Direction Nearest Town
	<u>S</u> miles <u>N</u> of <u>West Point, MS</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"/> Inactor 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</u>
Date Pump Installed: <u>4-29-05</u>	Setting Depth: <u>230</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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)]: _____ 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.

Rayburn Parks 0414 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1B
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