

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 #: B-29
 L. S. Elevation: _____
 E-log #: _____

County: Weshoba
 Permit #: _____
 Driller: Cain
 Date drilling completed: 5/23/07

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.

#1 well

Well Owner Information	Well Location
Owner Name: <u>James Estes</u> Mailing Address: <u>15101 Rd 602</u> <u>Philadelphia MS</u> City: _____ State: _____ Zip Code: <u>39350</u> Telephone No. <u>(601) 575-0040</u>	Latitude: <u>32.51</u> Longitude: <u>89.12.47</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 W 1/4 Sec 21 Twn 12N Rng 11E</u> Distance: <u>5</u> Miles Direction: <u>N/W</u> of Nearest Town: <u>Philadelphia MS</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken Farm</u>	
Date well drilling started: <u>5-18-07</u> Date well drilling completed: <u>5-23-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>5-22-07</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String</u>	
Hole depth: <u>205'</u> Well depth: <u>205'</u> Well grouted to a depth of <u>10'</u>	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>195</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>#10</u> inches Setting depth: From <u>195</u> feet to <u>205</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: _____ 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.	
<u>Nelson Cain 0-374</u> Print Name of Water Well Contractor and License No.	<u>Nelson Cain</u> 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 #: B-29
Elevation: _____

County: Washoba
Permit #: _____
Driller: Cain
Date completed: 5-23-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

#1 Well

Well Owner Information	Well Location
Owner Name: <u>James Estes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15101 Rd 602</u> <u>Philadelphia Ms</u> <u>39350</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N</u> ¼ <u>W</u> ¼ Sec. <u>31</u> Twn <u>12N</u> Rng <u>11E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (<u>601</u>) <u>575-0040</u>	<u>5</u> Miles <u>N/W</u> of <u>Philadelphia Ms</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>5-22-07</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>11</u>

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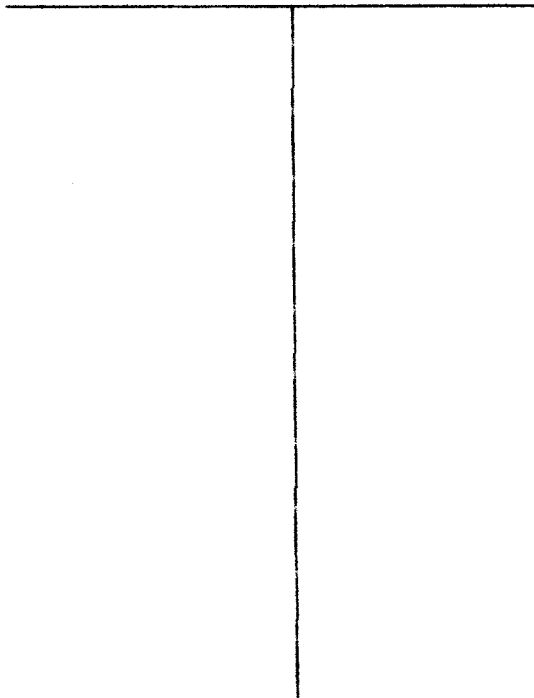
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-22-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60'</u> Feet Below Land Surface	Other (specify): <u>string</u>
Pumping Water Level (B): <u>102'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>28</u> GPM with a drawdown of
Test Pumping Rate: <u>28</u> Gallons Per Minute	<u>40</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Nelson Cain 0-374 Nelson Cain
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

B-29

Ground Level



Description of Formations Encountered

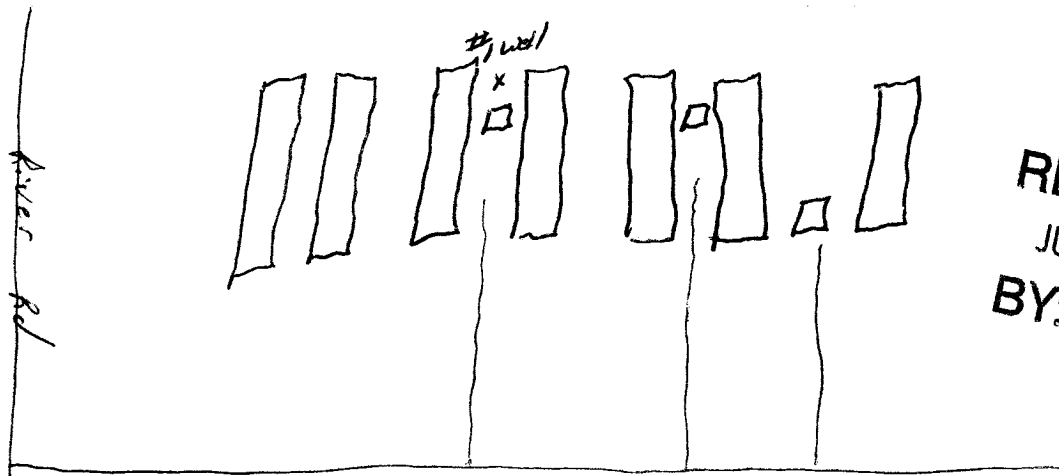
From To

Description of Formations Encountered	From	To
Top Soil & Clay	0	40
Sand	40	60
Clay	60	110
Rock	110	112
Clay	112	165
Sand	165	205

#1 Well

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: James Estes

Nelson Cain
Signature of Water Well Contractor