

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 #: G-63
L. S. Elevation: _____
E-log #: _____

County: Neshoba
Permit #: _____
Driller: Tim Smith
Date drilling completed: 6-27-07

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.

Well Owner Information	Well Location
Owner Name: <u>Jimmy Cox</u>	Latitude: <u>32° 49.374"</u> Longitude: <u>89° 01.316"</u>
Mailing Address: <u>10011 Rd 628</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Phila</u> <u>Miss</u> <u>39350</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>23</u> Twn <u>11N</u> Rng <u>R12E</u>
Telephone No. <u>(601) 656-3495</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>E</u> of <u>Phila</u>

Well Data

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

Date well drilling started: 6-20-07 Date well drilling completed: 6-27-07

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

Static Water Level: 180 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 500 Ft Well depth: 500 Ft Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 445 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 55 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 10 inches Setting depth: From 245 feet to 500 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: 270 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.

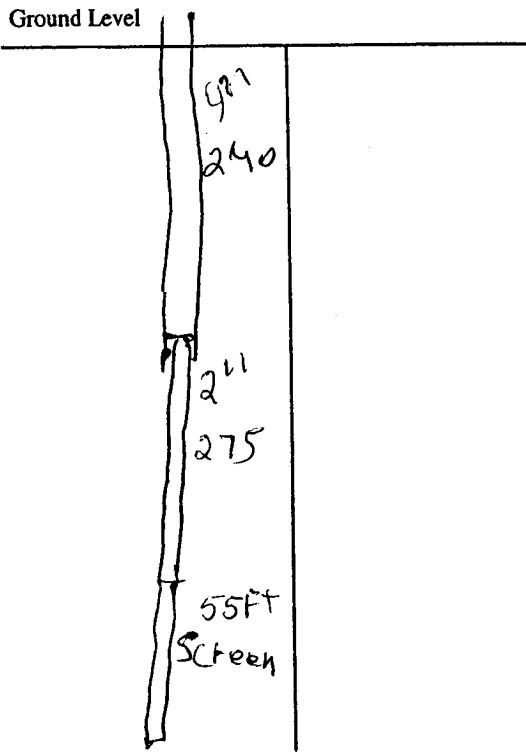
Tim Smith 0-0202
Print Name of Water Well Contractor and License No.

Tim Smith
Signature of Water Well Contractor

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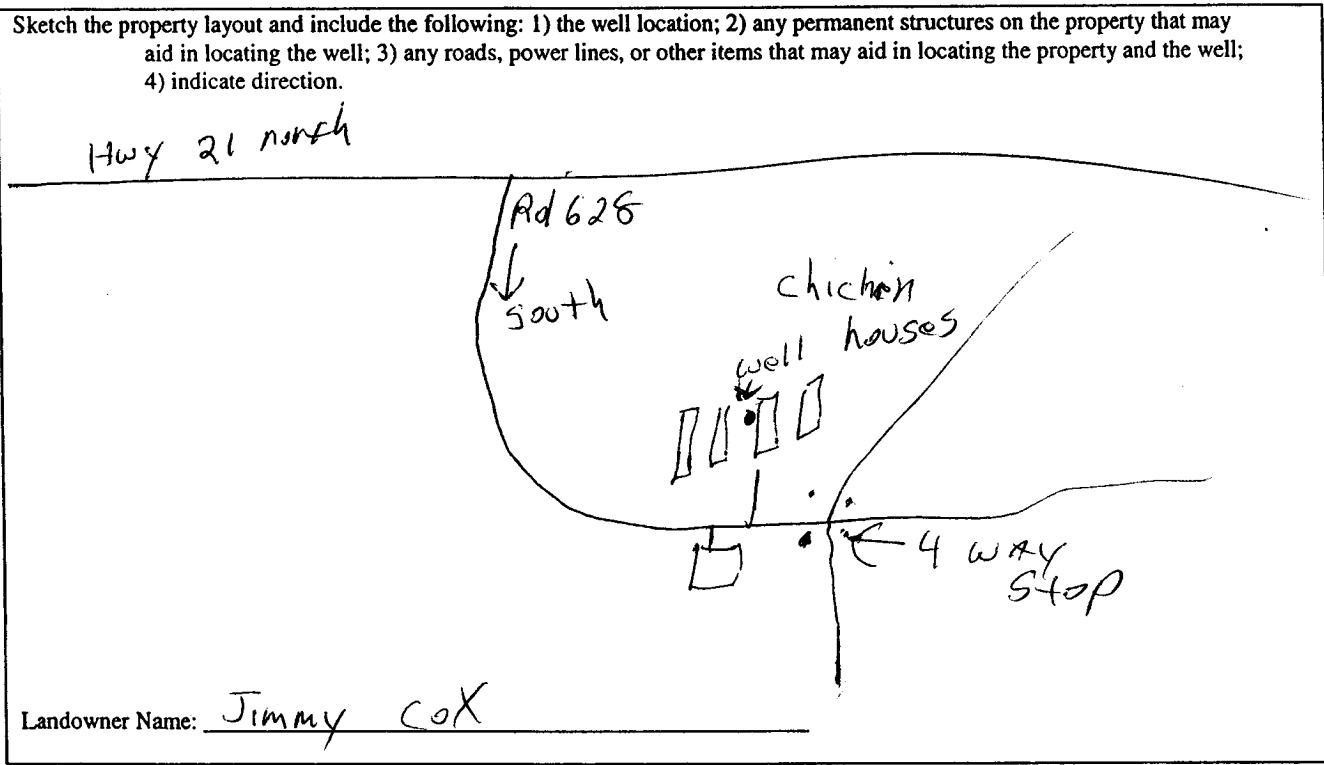
G-63

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red clay	0	8
Sand	8	45
Blue clay	45	210
Sand and clay	210	250
Blue clay	250	380
Sand & clay	380	440
Sand	440	600

If more than one screen, show location of each on sketch



Tom Smith
 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 #: G-63

Elevation: _____

County: Neshoba
Permit #: _____
Driller: Tim Smith
Date completed: 6-27-07

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

Well Owner Information	Well Location
Owner Name: <u>Jimmy Cox</u>	Latitude: <u>N 32° 49' 34"</u> Longitude: <u>W 89° 01' 37"</u>
Mailing Address: <u>12011 Rd 628</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Phila</u> <u>Miss</u> <u>39350</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>B-3</u> Twn <u>T-11-N</u> Rng <u>R-12-E</u>
Telephone No. <u>(601) 656-3495</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>E</u> of <u>Phila</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6-26-07</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-26-07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>180</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>210</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>210</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>30</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Tim Smith
Print Name of Pump Installer and License No. (if applicable)

Tim Smith
Signature of Pump Installer

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