

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 #: D-89
L. S. Elevation: L69
E-log #: _____

County: Neshobia
Permit #: _____
Driller: Nelson CAIN
Date drilling completed: 1-15-06

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>Jason Sharp</u>	Latitude: <u>32° 40' 07"</u> Longitude: <u>89° 04' 42"</u>
Mailing Address: <u>11680 BIA 0241</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Philadelphia MS</u> State: <u>MS</u> Zip Code: <u>39350</u>	<u>S</u> ¼ <u>E</u> ¼ Sec <u>5</u> Twn <u>9N</u> Rng <u>12E</u>
Telephone No. (<u>601</u>) <u>656-7371</u>	Distance: <u>SE</u> <u>SE</u> <u>32</u> Miles Direction: <u>South</u> of Nearest Town: <u>Philadelphia MS</u>

Well Data

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

Date well drilling started: 1-12-06 Date well drilling completed: 1-15-06

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

Static Water Level: 72 feet above or below (circle one) land surface Date measured: 1-13-06

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: #10 inches Setting depth: From 200 feet to 220 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.

Ms Water Well Drilling
Print Name of Water Well Contractor and License No. 0-374

Nelson CAIN
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 #: P-29
 Elevation: L69

County: Meshoba
 Permit #: _____
 Driller: Nelson Cain
 Date completed: 1-15-06

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>Jason Sharp</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11680 BIA 0241</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Philadelphia</u> MS <u>39350</u> City State Zip Code	S <u>1/4</u> E <u>1/4</u> Sec <u>5</u> Twn <u>9N</u> Rng <u>12E</u> SE SE Distance Direction <u>32</u> Nearest Town <u>10N</u>
Telephone No. (<u>601</u>) <u>656-7371</u>	<u>6</u> Miles <u>South</u> of <u>Philadelphia, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>1-14-06</u>	Horse Power Rating of Motor: <u>5 h/p</u>
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Setting Depth: <u>180</u> feet
	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-15-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>72</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>48</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

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

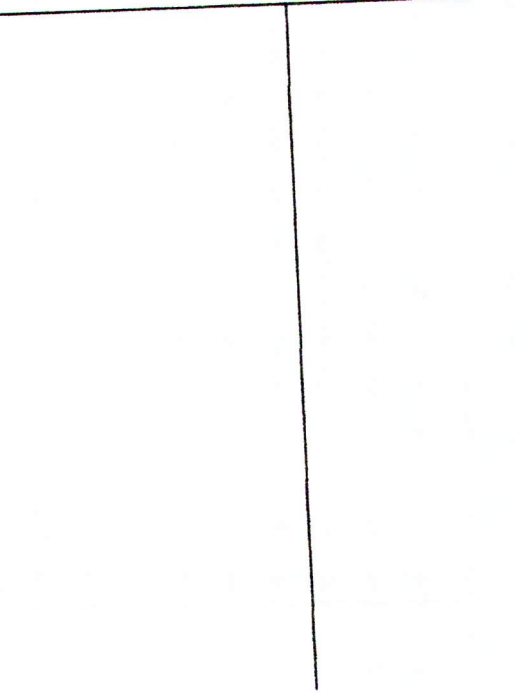
Nelson Cain
 Signature of Pump Installer

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If well telescopes please sketch below and show depths.

~~D-29~~ L69

Ground Level

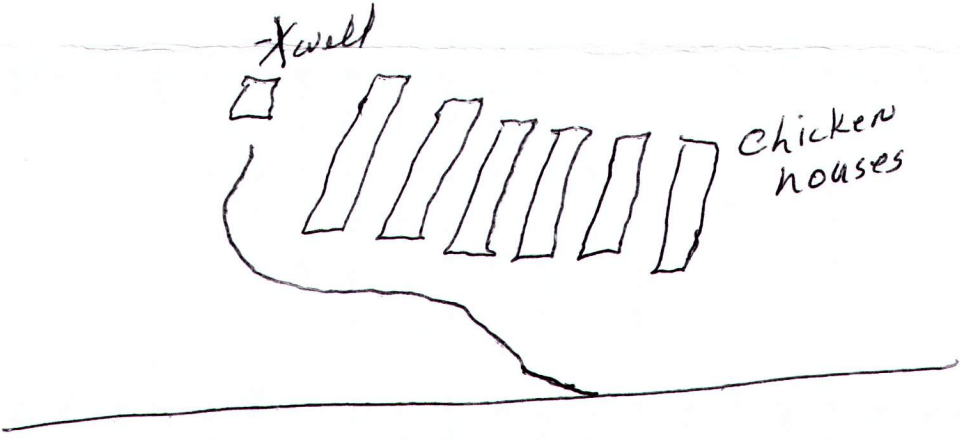


Description of Formations Encountered

Description of Formations Encountered	From	To
TOP SOIL	0	20
SAND	20	80
CLAY	80	160
WATER SAND	160	220

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: Jason Sharp

Nelson Carr
Signature of Water Well Contractor

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