

well #2

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 #: J-87

L. S. Elevation: _____

E-log #: _____

County: NEWTON 101
Permit #: _____
Driller: J.R. Parker
Date drilling completed: 1-10-05
Parker Water Well Service

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>DANNY NEUYEN</u>	Latitude: <u>32° 22' 26" N</u> Longitude: <u>89° 15' 04" W</u>
Mailing Address: <u>1147 LAWRENCE CONRHATTA Rd. LAWRENCE MS. 39336</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW</u> ¼ <u>SW</u> ¼ Sec <u>11</u> Twn <u>6N</u> Rng <u>10E</u>
Telephone No. <u>601 683-4802</u>	Distance <u>10</u> Miles Direction <u>NE</u> of Nearest Town <u>LAKE</u>

Well Data

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

Date well drilling started: 12-30-04 Date well drilling completed: 1-10-05

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: 1-8-05

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

Hole depth: 395 Well depth: 365 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 345 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 345 feet to 365 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): AIR

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): NO LOG

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.

PARKER WELL SERVICE

Print Name of Water Well Contractor and License No. 0-553

John R. Parker
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

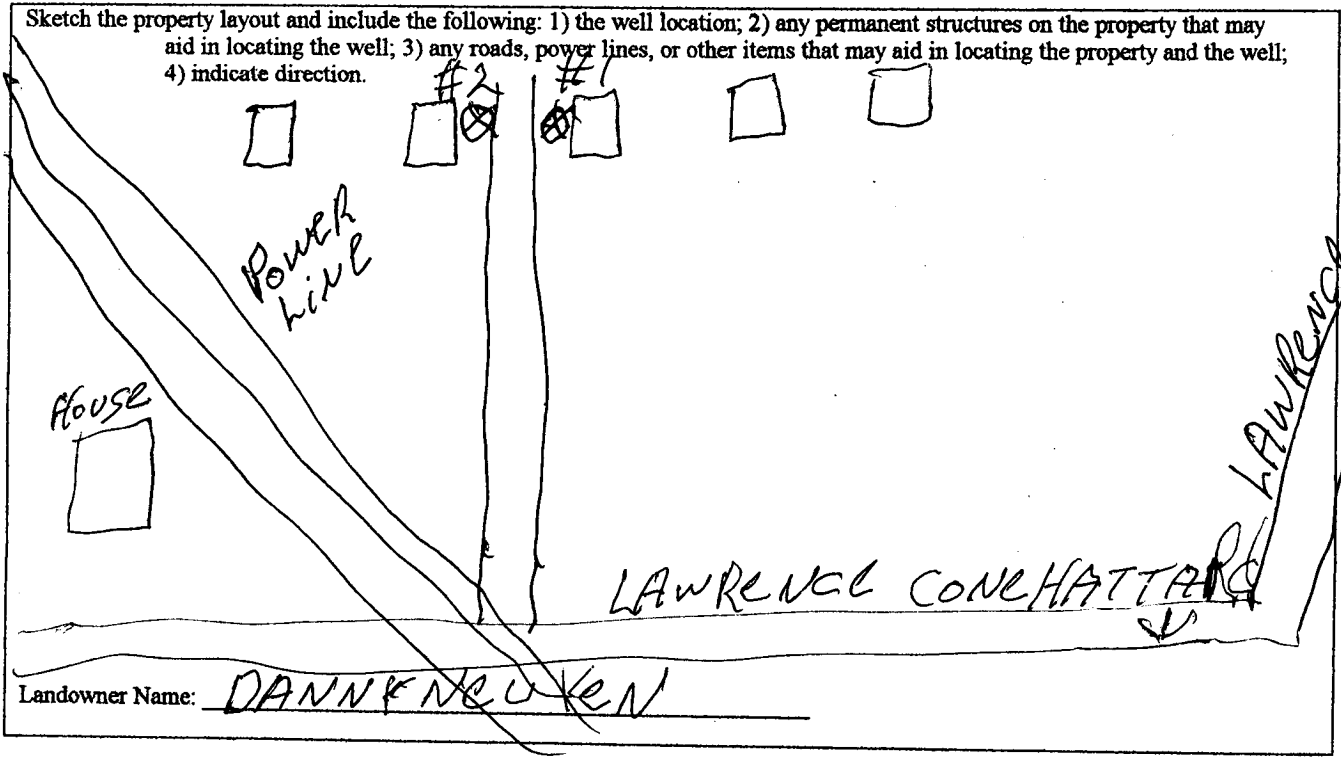
J-87

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
SAND	0	85
CLAY	85	250
SAND ROCK CLAY	250	340
SAND	340	375
CLAY	375	395

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



John R. Park
 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 #: _____
Elevation: _____

County: NEWTON
Permit #: _____
Driller: JR Parker
Date completed: 1-17-05

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>DANNK NGUVEN</u>	Latitude: <u>32-22-26^N</u> Longitude: <u>89 15 04^W</u>
Mailing Address: <u>1147 LAWRENCE</u> <u>CONCHATTA RD</u> <u>LAWRENCE MS 39336</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>6^N</u> Rng <u>10^E</u>
Telephone No. <u>601 683-4802</u>	Distance Direction Nearest Town <u>8</u> Miles <u>NE</u> of <u>LAWRENCE</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>5</u>
Date Pump Installed: <u>1-18-05</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-18-05</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): <u>STRING AND NOT</u> <u>STEEL TAPE</u>
Pumping Water Level (B): <u>170</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>35</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.
JOHNNY R. PARKER 0-553 Johnny R. Parker
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JAN 20 2005
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