

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 #: K-23
L. S. Elevation: _____
E-log #: _____

County: PANOLA
Permit #: _____
Driller: DELTA DRILLING
Date drilling completed: 4-22-05

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>CALVIN JOHNSON</u>	Latitude: <u>34° 24' 58.5" N</u> Longitude: <u>90° 11' 22.6" W</u>
Mailing Address: <u>1717 ARMSTEAD-JONES Rd</u>	Method of Lat/Long (circle one): <u>31</u> Conventional Survey, <u>13</u>
<u>ORENSHAN MS 38621</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 7 Twn 8 S Rog 9 W</u>
Telephone No. <u>(66) 382-7565</u>	Distance Direction Nearest Town <u>3.7</u> Miles <u>W</u> of <u>Talton MS</u>

Well Data

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

Date well drilling started: 4-18-05 Date well drilling completed: 4-19-05

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 4-20-05

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

Hole depth: 100 ft Well depth: 100 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 16 inches Type of screen: Steel Slotted

Screen slot size: 2/10 inches Setting depth: From 60 feet to 100 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: Visual

Name of organization running log(s): Delta Drilling

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.

ALAN PYLE 0724 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

MISSISSIPPI
DEPARTMENT OF
ENVIRONMENTAL QUALITY
OFFICE OF LAND AND WATER RESOURCES

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: PANOLA
 Permit #: _____
 Driller: DELTA DRILLING
 Date completed: 4-24-05

For Office Use Only:

Aquifer: _____
 Well #: K-23
 Elevation: _____

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>CALVIN JOHNSON</u>	Latitude: <u>34-24-52S</u> Longitude: <u>90-11-22W</u>
Mailing Address: <u>1717</u> <u>ARMSTEAD JONES RD</u> <u>CRENSHAW MS 38621</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601)-382-7565</u>	<u>NW 1/4 NE 1/4 Sec 7 Twp 9S Rng 9W</u> Distance Direction Nearest Town <u>3 1/2</u> miles <u>W</u> of <u>FALCON M</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel</u> Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4-24-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tube</u>
Static Water Level (A): <u>15</u> 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 <u>2050</u> 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.

ALAN PYLE [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
 OFFICE OF LAND AND WATER RESOURCES
 JACKSON, MISSISSIPPI