

Hunting Club

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:

County: Panola
 Permit #: GW 41255
 Driller: Pete's Well Drilling
 Date drilling completed: 8-1-06

Aquifer: _____
 Well #: L-37
 L. S. Elevation: _____
 E-log #: _____

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>Bill Hawks</u>	Latitude: <u>34° 21' 02.9"</u> Longitude: <u>90° 03' 23"</u>
Mailing Address: <u>P.O.B. 159</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hernando MS 38632</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>SW</u> ¼ Sec. <u>32 29</u> Twn <u>8 S</u> Rng <u>8 W</u>
Telephone No. (<u>901</u>) <u>486-3446</u>	Distance Direction Nearest Town <u>3</u> Miles <u>East</u> of <u>Curtis</u>

Well Data

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

Date well drilling started: 8-1-06 Date well drilling completed: 8-1-06

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

Static Water Level: 8 feet above or below (circle one) land surface Date measured: 8-1-06

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

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

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60' feet Casing diameter: 10" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 10" inches Type of screen: PVC

Screen slot size: .050 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: _____

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.

Pete's Well Drilling & Pump Repair Pete Sappone
 Print Name of Water Well Contractor and License No. 0430 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

L37


Ground Level 6W41255

Description of Formations Encountered	From	To
CLAY	0	15
FINE SAND	15	30
COARSE SAND & GRAVEL	30	100

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: _____


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)

County: Prwola
Permit #: GW41255
Driller: Pete Well Drilling
Date completed: _____

For Office Use Only:
Aquifer: _____
Well #: L-37
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: _____	Latitude: <u>34-21'028"</u> Longitude: <u>90-03'923"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, <u>01</u> <u>55</u>
_____	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>85</u> Rng <u>8</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>East</u> of <u>Curtis MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand <u>Tractor PTO</u>
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>8-9-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NO TEST</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ 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 _____ 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.

Pete Well Drilling & Pump Repair Pete Livingston
Print Name of Pump Installer and License No. (if applicable) 0430 Signature of Pump Installer

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AUG 21 2006
BY: OLWR