

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)

County: Pearl River
Permit #: _____
Driller: J.C. Sumrall
Date drilling completed: 9/22/05

For Office Use Only:
Aquifer: 72
Well #: J-28
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>Judy Amacker</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>74 Mitch Chapel Rd</u> <u>Poplarville, Ms</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>33</u> Rng <u>18</u> |
| Telephone No. <u>(601) 772-9128</u> | Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>10</u> of <u>Poplarville</u> |

Well Data

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

Date well drilling started: 9/22/05 Date well drilling completed: 9/22/05

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 9/22/05

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

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1010 inches Setting depth: From 80 feet to 90 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.

Jordan Well Ser. 0-208
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

72
728

Ground Level

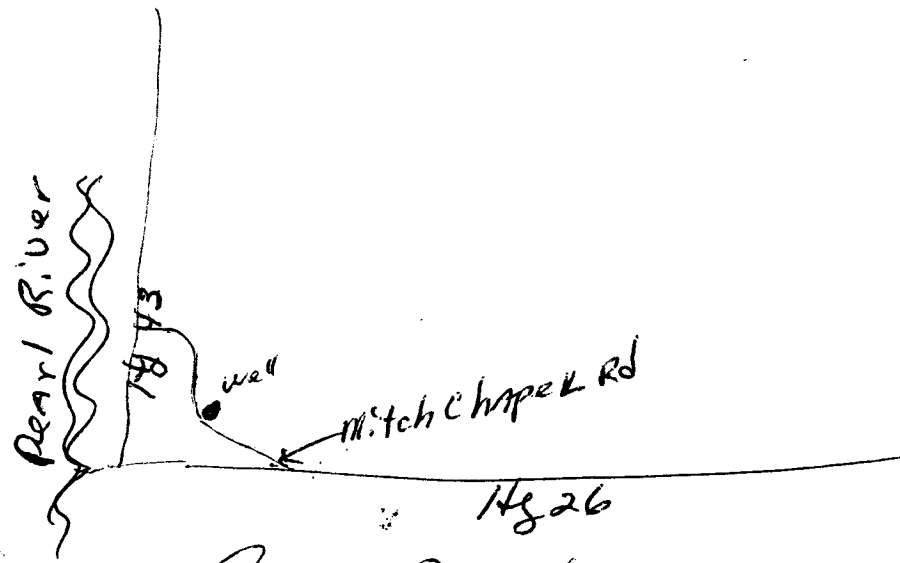
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| Top Soil | 0 | 1 |
| Sandy Clay | 1 | 15 |
| Sand | 15 | 90 |
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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: Judy Amador

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 #: ~~J-375~~ 72

Elevation: _____

County: pearl River
Permit #: _____
Driller: J.C. Simrall
Date completed: 9/22/05

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

Owner Name: Judy Amacker
Mailing Address: 74 Mitch Chapel rd
Poplarville, Ms
City State Zip Code
Telephone No. (601) 972-9128

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 14 Twn 3 Rng 18
Distance Direction Nearest Town
8 Miles W of Poplarville

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____

Date Pump Installed: 9/22/05
Rated Pump Capacity: 10 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1/2 hp
Setting Depth: 60 feet
Number of Stages: 8

Pump Test Data

Date Well Tested: 9/22/05
Static Water Level (A): 12 Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: 10 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 10 GPM with a drawdown of
_____ feet after 4 hours of pumping

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

Jordan Well Ser. 0-508
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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