

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 #: G-161
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 3-14-06

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>Michael Quillin</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1144 Hemp Lea Rd</u> <u>Magnolia MS 39652</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>7E</u> Rng <u>2E</u> <u>2N</u> <u>7E</u> |
| Telephone No. <u>(985) 788 1790</u> | Distance _____ Miles Direction <u>West</u> of Nearest Town <u>Magnolia MS</u> |

Well Data

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

Date well drilling started: 3-14-06 Date well drilling completed: 3-14-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 3-14-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 106 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 100 feet to 120 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.

JAMES WELLS 0-586 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
APR 06 2006
BY: OLWR

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: Pike
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 3-14-06

For Office Use Only:

Aquifer: _____
 Well #: G-161
 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>Michael Dulin</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1144 Nampa Rd</u> <u>Magnolia Miss 39652</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>7E</u> Rng <u>2N</u> <u>7E</u> |
| Telephone No. <u>(985) 788 1790</u> | Distance: _____ Direction: _____ Nearest Town: _____ <u>5</u> Miles <u>West</u> of <u>Magnolia Miss</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <input type="radio"/> Piston <input type="radio"/> Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>3-14-06</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>3-14-06</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>60</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B)-(A)]: <u>60</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>60</u> feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

JAMES WELLS 0-586 James Wells
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 APR 06 2006
 BY: OLWR