

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 #: L-139
L. S. Elevation: _____
E-log #: _____

113

County: Pike
Permit #: _____
Driller: Brian McClendon
Date drilling completed: 10/5/04

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>Linda Starling</u>	Latitude: <u>31° 15'</u> " Longitude: <u>90° 22' 682"</u>
Mailing Address: <u>2064 Ed Brumfield Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Osyka, Ms. 39657</u>	<u>SW1/4 SW1/4</u> Sec <u>26</u> Twn <u>1 N</u> Rng <u>8 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 542-5640</u>	<u>5 1/2</u> Miles <u>E</u> of <u>Osyka</u>

Well Data

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

Date well drilling started: 10/5/04 Date well drilling completed: 10/5/04

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 10/5/04

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

Hole depth: 135 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0/10 inches Setting depth: From 120 feet to 130 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): _____

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OCT 21 2004
BY: OLWR

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.

Grenn Water Well & Supply
Brian McClendon 664

Print Name of Water Well Contractor and License No.

Brian McClendon

Signature of Water Well Contractor

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: Brian McClendon
 Date completed: 10/8/04

For Office Use Only:

Aquifer: _____
 Well #: 6-139
 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>Linda Starling</u>	Latitude: <u>31° 1.05</u> Longitude: <u>90° 22.682</u>
Mailing Address: <u>2064 Ed Brumfield Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Osyka</u> <u>MS</u> <u>39657</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 26 Twn 1N Rng 8E</u>
Telephone No. <u>(601) 542-5640</u>	Distance Direction Nearest Town
	<u>5 1/2</u> Miles <u>E</u> of <u>Osyka</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>10/8/04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>9</u>

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Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>10/8/04</u>	OCT 21 2004
Static Water Level (A): <u>25</u> Feet Below Land Surface	Circle one BY: OLWR
Pumping Water Level (B): <u>31</u> Feet Below Land Surface	Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>13</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>13</u> GPM with a drawdown of
	<u>6</u> feet after <u>4</u> hours of pumping

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

William Hardin 0-717P
 Print Name of Pump Installer and License No. (if applicable)

William Hardin
 Signature of Pump Installer